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# PHYSICIAN'S ORDERS

		Lay Stratton					
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·.		Dr4246					
Drug Aller	gies:						
Self-Medic	ation Pro	ogram   Yes   No					
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4168-0203-7306 @1997, Moore® All Rights Reserved - 0305m  Oase 202-cv 02688 D Ocument 4566 Teled 0 0 15/2003 Fage 6 of 153
PHYSICIAN'S ORDERS
Image Name: Play Stratton:  Image Number: DP 42 46  Drug Allergies: MEDICAL CONTROL Inscinction:  Drug Allergies: MEDICAL CONTROL Inscinction:
Drug Allergies: EDECTOR DOB: 11-4-76
Drug Allergies: NEO Self-Medication Program  Yes No
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PLEASE USE BALL POINT PEN ONLY

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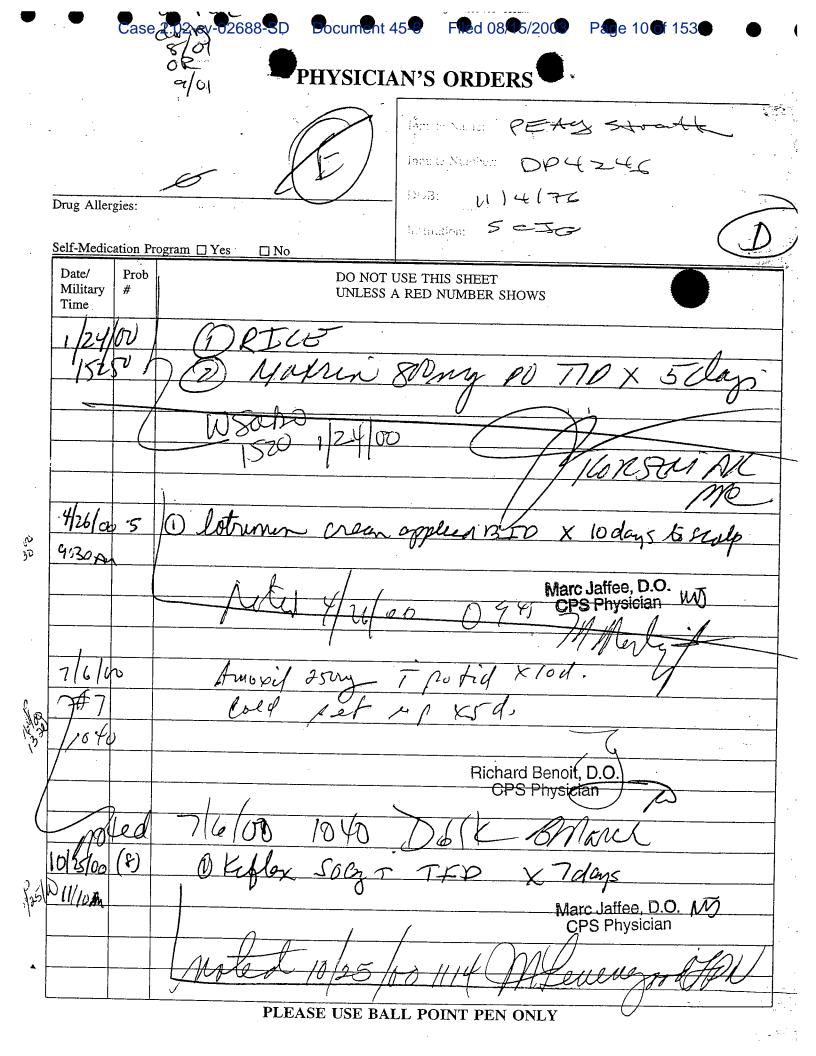
## PHYSICIAN'S ORDERS

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PHYSICIAN'S	ORDERS	

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			Inmaio Name Play Stratton
	2	) A 1	Inmate Number: DP 4546
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	Drug Allergies:	( ) roduceds	Institution: 3CTG
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-	PHYSICIAN'S ORDERS
÷	Inmate Name: Play Stratton
	Inmate Number: DP - 14246
	DOB: 11-4-76
Drug Allergies:	ts. Not Products SCIG
Self-Medication Program	Yes No
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	PLEASE USE BALL POINT PEN ONLY



### CONSULTATION RECORD

	COMBODIMITON ICCOR	<i></i>
Part A: Completed by referring facility:	Type of Consult: (Circle) Initial Fol	low-up On-Site Off-site Telemedicine
Referred to:	Referred by:	Appt. Date/Time:
BALLUMERUNIC	Drug Sensitivity:	<b>\$</b>
Specialty:	Drug Sensitivity:	Copies of relevant health
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D		7
Reviewed by Medical Director: (Circle)	Approval Disapproval	Forwarded to UR (Date):
Medical Director Signature:	Date:	
UR Decision: (Circle) Approval	Disapproval	Date:
Part B: To be completed by consulting Ph	ysician and returned with officer to the ins	titution:
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Signature of Medical Director Date/Time		ignature of Consulting Physician Date /Ti
Signature of Michigal Diffector Date/ Time	٠	ignature of Consulting Physician Date/Time
C-14 (1 P )	D	11-
Consultation Record Commonwealth of Pennsylvania	Inmate Name: Pacific St	naton 1

**Department of Corrections** DC-441

(Revised: 1-01)

Inmate Number: DP4246

DOB: 11/4/76

Facility:

۱۳۰۰ المر	CONSULTATION RECORD	
Part A: Completed by referring facility:	Type of Consult: (Circle) Initial Follo	ow-up On-Site Off-site Telemedicine
Referred to:	Referred by:	Appt. Date/Time:
GI-	Referred by:  A JACCANU  Drug Sensitivity:	
Specialty:	Drug Sensitivity:	Copies of relevant health
	1 JKDA	information attached: (circle)
Reason for Referral/History of Present Illnes	ss/Injury:	Yes No
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Treatment to Date/Current Medications and	Significant Medication History:	
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		A I P-11
		10-9-0
		Signature of Referring Physician Date
Reviewed by Medical Director: (Circle)	Approval PH SMITH, M.D.	Forwarded to UR (Date):
Medical Director Signature.	DICAL DIRECTOR Date: 870	
UR Decision: (Circle) Approval	Disapproval	Date:
Part B: To be completed by consulting Phy	sician and returned with officer to the instit	ution:
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Raiph Smith M.D.		
Physician	To	
Signature of Medical Director Date/Time	Sig	nature of Consulting Physician Date/Time
Consultation Record	Inmate Name: PEAY, Struct	YON
Commonwealth of Pennsylvania Department of Corrections	Inmate Number: \\ \( \rac{1}{2} \lambda \rac{1}{2} \rac{1} \rac{1}{2} \rac{1}{2} \rac{1}{2} \rac{1}{2} \rac{1}{2} \rac{1}	\

▲ DC-441

(Revised: 1-0) [CE]

Inmate Number: DP 4246

DOB: 11-4-76

Facility: SCI GNATERFUL

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	CONSULTATION RECU	
Part A: Completed by referring facility:	Type of Consult: (Circle) Initial	Follow-up On-Site Off-site Telemedicine
Referred to: CASTNUMTENOLOGY	Referred by: A. IACAN	Appt. Date/Time:
Specialty:	Drug Sensitivity:	Copies of relevant health information attached: (circle)  Yes No
Reason for Referral/History of Present Illne	ss/Injury:	
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	Chimie Con	digetin > 1 year
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Treatment to Date/Current Medications and	Significant Medication History:	and for Colonocopy
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		ANTHONY LACC
		ANTHONY 14CCARING C. η -4-0
		Signature of Referring Physician Date
Reviewed by Medical Director: (Circle)  Medical Director Signature  MED	Approval H W. SMITH, MD ICAL DOCTOR  Disapproval Date:	Forwarded to UR (Date):
UR Decision: (Circle) Approval	Disapproval	Date:
Part B: To be completed by consulting Ph	ysician and returned with officer to the	e institution:
·	Ţ	RECEIVED
		JUL 1 0 2002
		MEDICAL RECORDS DEPT. SCI GRATERFORD
Signature of Medical Director Date/Time	·	Signature of Consulting Physician Date/Time

**Consultation Record** Commonwealth of Pennsylvania **Department of Corrections** 

DC-441

Inmate Name:

PEAY, STRATTON

Inmate Number:

DP 4246

DOB:

11-4-76

Facility:

JCI Gratenfini

	COMBULIATION ICCOR	<u></u>
Part A: Completed by referring facility:	Type of Consult: (Circle) Initial Fo.	llow-up On-Site Off-site Telemedicine
Referred to:  Castroentonology	Referred by: A. JACCANUN	Appt. Date/Time:
Specialty:	Drug Sensitivity:	Copies of relevant health information attached: (circle)
Reason for Referral/History of Present Illne	ss/Injury:	Sotuction feries
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Treatment to Date/Current Medications and	Significant Medication History:	evaluate for endorogy
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		ANTHONY IACCARINO D.O. RMS PHYSICIAN
	, , , , , , , , , , , , , , , , , , ,	6-12-5
		Signature of Referring Physician Date
Reviewed by Medical Director: (Circle)	Approval Disapproval	Forwarded to UR (Date):
Medical Director Signature:	RALPH W. SMITH, MD Date: 69 9 MEDICAL DOCTOR	22
UR Decision: (Circle) Approval	Disapproval	Date:
Part B: To be completed by consulting Phy	ysician and returned with officer to the ins	titution:
JUN 2 0 2002		e e e e e e e e e e e e e e e e e e e
MEDICAL RECORDS DEPT. SCI GRATERFORD		:
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Ralph Smith M.D. 6-	192	
Signature of Medical Director Date/Time	<b>I</b>	ignature of Consulting Physician Date/Time
Consultation Record Commonwealth of Pennsylvania	Inmate Name: PEAY S Inmate Number: P 42	tratton 10/17/02
Department of Corrections DC-441		$\mathcal{C}_{\sim}$
(Revise DECEWED	DOB: 1/-4-76	S1 4

Facility:

WHITE: Medical Decord

	CONSULTATION RECOR	<u> </u>
Part A: Completed by referring facility:	Type of Consult: (Circle) Initial F	ollow-up On-Site Off-site Telemedicine
Referred to:	Referred by:	Appt. Date/Time:
Sigmoid scopy	Dr. John	
Specialty:	Drug Sensitivity:	Copies of relevant health
		information attached: (circle)  Yes No
Reason for Referral/History of Present Illne	ess/Injury:	100
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Treatment to Date/Current Medications and	Significant Medication History:	
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		MEDICAL RECORDS DEPT
		SCI GRATERFORD
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		Signature of Referring Physician Date
Reviewed by Medical Director: (Circle)	Approval Disapproval	Forwarded to UR (Date):
Medical Director Signature:	MEDICAL DOCTOR Date: 3	3 m
UR Decision: (Circle) Approval	Disapproval	Date:
Part B: To be completed by consulting Ph	ysician and returned with officer to the in	nstitution:
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Signature of Medical Director Date/Time	<del></del>	Signature of Consulting Physician Date/Time
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Commonwealth of Bonneylyania	Inmate Name:	J. Strillon
Commonwealth of Pennsylvania Department of Corrections	Inmate Number:	1 115 111
DC-441		1 4 4 4 W
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(Revised: 1-01) つ 7 DEGETVED	DOB: 1/-4-7	16

CONSULTATION RECORD

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Part A: Completed by referring facility:	Type of Consult: (Circle) Initial	
eferred to:	Referred by:	, Appt. Date/Time:
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	•	Signature of Referring Physician Da
Reviewed by Medical Director: (Circle)  Medical Director Signature:	Approval  RAPHW SMITH, MD  MEDICAL DOCTOR  Date: 3	2842
UR Decision: (Circle) Approval	Disapproval	Date:
Part B: To be completed by consulting Ph	nysician and returned with officer to the	ne institution:
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Signature of Medical Director Date/Time		Signature of Consulting Physician Date/Ti
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Consultation Record	Inmate Name:	on Merillon
Commonwealth of Pennsylvania		11/4/
Department of Corrections	Inmate Number:	11/11/5 14/-
DC-441		$\vee$ $\mathcal{F}_{\mathcal{A}}$ $\mathcal{F}_{\mathcal{O}}$
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(Revised: 1-01)	DOB: 1/-4-	76
(Revised: 1-01)	Pic	76

	COMBULIATION	MCOND	
Part A: Completed by referring facility:	Type of Consult: (Circle)	) Initial Follow-up	On-Site Off-site Telemedicine
Referred to:	Referred by:		Appt. Date/Time:
Gastroenterology	Luis MART	NEZ PAZ	
Specialty:	Drug Sensitivity:	1110-1111	Copies of relevant health
	NKDA		information attached: (circle)
Reason for Referral/History of Present Illnes	, •		Yes No
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Reviewed by Medical Director: (Circle)	Approval Disa	——————————————————————————————————————	ded to UR (Date):
Medical Director Signature	RALPH W. SMITH, MD		Louis on (Duto).
Medical Bilector Bighatting.	MEDICAL DOCTOR	Date: 3-1800	-
UR Decision: (Circle) Approval	Disapprov	al	Date:
Part B: To be completed by consulting Physical	sician and returned with of	ficer to the institution:	
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	HITT		·
Raiph Smith M.D.			·
Physician			
3-2	en.		:
Signature of Medical Director Date/Time	132	-	f Consulting Physician Date/Time
Consultation Record	Inmate Name:	2ay, S.	$\bigcap$
Commonwealth of Pennsylvania	minute Haire. / C	Luy, U.	$\cup$
Department of Corrections	Inmate Number:	DP4246	

Department of Corrections

DC-441 (Revised: 1-01)

WHITE: Medical Record

DOB:

Facility:

**CANARY:** Consultant

PINK: Medical Record (Pending)

PINK · Medical Record (Pending)

Document 45-6 Filed 08/15/2003

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No.

MEDICAL RECORDS DEPT.  SCI GRATERFORD CO	ONSULTATION	ON RECOI	RD ·	ë	•
Part A: To be completed by referring institution:	Type of Consult:	Initial	[ ] Follow-up	] On-Site	[ ] Off-Site
Referred to:	Referred by: (physi	cian name)	ر ج	Appt. Date:	
Specialty:	Dr.	y y	:	Appt. Time:	
Drug Sensitivity: No [] Yes (Specify)					
Copies of lab and X-ray results attached? Yes	s No If y	es, specify:			
Reason for Referral:		·			
History of Injury/Problem: he is So.	Date of Onset:	eno truel	depende	¥-	
Treatment to Date/Current Medications and Significations  None  Plane  P	cant Medication History	ory:	DENNIS Signature of R	MOYER RA	)1/8/0/ Date
Approval [ ] Disapproval Medical Di	rector Signature:	11		Da	ite: 1/10/0
Transmittal Date: Transmi	tted By:	Emre Beker	MD		
Approval Date: Approv	ed By:	Medical Dire	<b>201</b> 01		
Part B: To be completed by consulting Physician an	d returned with office	er to the instituti	on:		
Diagnosis and Recommendations:  If did Not in  He saw "This  polities of smill  alsouss any the  Now!  AND We KAN	vary to  s 13 cno  las But  y - 1th  Can F	teen 4) y '1- was e said 1/2 ava -	2000 1de 106 †	Mas ony	11 NM 11 NM 19/01

**Consultation Record** Commonwealth of Pennsylvania **Department of Corrections** DC-441

WHITE: Medical Record

Institution:

Inmate Name:

Inmate Number:

DOB:

No. CONSULTATION RECORD Part A: To be completed by referring institution: Type of Consult: [ ] Initial [] Follow-up [] On-Site [ ] Off-Site Referred to: Referred by: (physician name) Appt. Date: Sick call Appt. Time: Specialty: Drug Sensitivity: [XNo [ ] Yes (Specify) Copies of lab and X-ray results attached? Yes If yes, specify: Reason for Referral: History of Injury/Problem: Treatment to Date/Current Medications and Significant Medication History: Approval [ ] Disapproval Medical Director Signature: Transmittal Date: Transmitted By: Approval Date: Approved By: Part B: To be completed by consulting Physician and returned with officer to the institution: Diagnosis and Recommendations: Signature of Consulting Physician **Consultation Record** Stratter Inmate Name: Commonwealth of Pennsylvania **Department of Corrections** Inmate Number: DC-441 **9** nstitution:

WHITE: Medical Record

CANARY: Consultant

PINK: Medical Record (Pending)

No.\_\_\_\_\_

	ONSULTATION R	ECORD		<b>2</b> .	
Part A: To be completed by referring institution:	Type of Consult: [] I	nitial []F	ollow-up	[] On-Site	[]Off-Si
Referred to:	Referred by: (physician nar			Appt. Date:	
HIChm	DR 501	om o, ,	-	Appt. Time:	
Specialty:					<del></del>
Drug Sensitivity: [] No [] Yes (Specify)	· <del></del>	······································			
opies of lab and X-ray results attached? Yes No If yes, specify: eason for Referral:					
Reason for Referral:					
History of Injury/Problem:	Date of Onset:	22 Yu	DBH WL	o lead lost	of weind
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Treatment to Date/Current Medications and Signifi	cant Medication History:				
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		Sig		eferring Physician	Date
[] Approval [] Disapproval Medical D	irector Signature:			Da	te:
Transmittal Date: Transm	itted By:				
Approval Date: Appro	ved By:				
Part B: To be completed by consulting Physician a					
Diagnosis and Recommendations:	Inmate see education	n-gi on H	ven iU->	red. tes M. Becere	t Kesse
·		Signat	are of Consu	Ilting Physician	Date
Consultation Record	<i>y y y y y y y y y y</i>	کی ہی	trat	tr	
Commonwealth of Pennsylvania Department of Corrections DC-441  RECENED  JAN 2 9 1991  JAN 2 9 1991  JAN 2 9 1991  JAN 2 9 1991	Inmate Name: The Inmate Number:  DOB:  Spring of the Inmate Number: Th	P424	<i>\\</i>	al Record (Pendin	10)

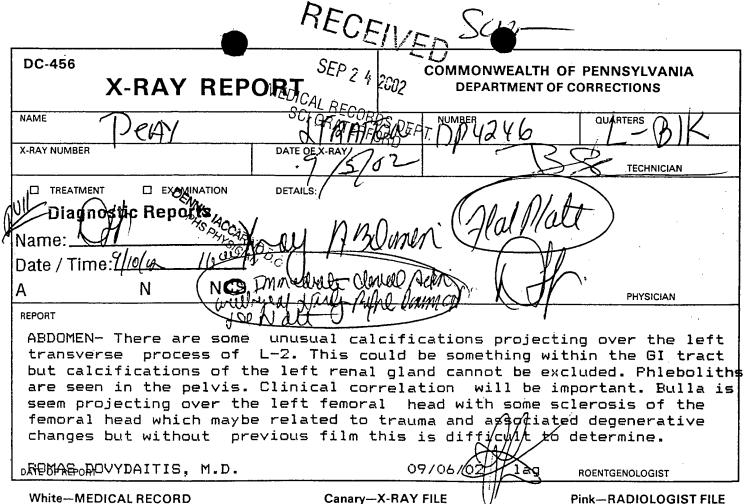
Filed 08/15/2003 Page 26 of 153

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·	ONSULTATION RECO	RD	
Part A: To be completed by referring institution:	Type of Consult: [ ] Initial	[ ] Follow-up	[]On-Site []Off-Sit
Referred to :	Referred by: (physician name)		Appt. Date:
Specialty:	OPS Planian		Appt. Time:
Drug Sensitivity: [] No [] Yes (Specify)			
Copies of lab and X-ray results attached? Yes	es No If yes, specify:		
Reason for Referral:			
History of Injury/Problem:  35 40 Male  40 s small c	Date of Onset:  PM #x - Mu  ys + at Mu  on evaluate	dor ven	roval.
Treatment to Date/Current Medications and Signif	icant Medication History:	Control of the State of the Sta	eferring Physician Date
Approval [] Disapproval Medical I	Director Signature:	L 61 - 20	Date:
<del>                                    </del>	63	otor Padrials D.	
	1 6	eter Baddick, D.I Medical Director	
Part B: To be completed by consulting Physician a		ution:	
Diagnosis and Recommendations:  Sel. Cept at P Ma a  Resekable for  14(7/98 - Re-en-1) hors  A	Musiker area hom heltclimi revere No sign Divly DENNIS MOYER, M.D.	fint lesin	Re Ofening frefrence MNIS MOYER, MD
	1/4-7		Date Date
Consultation Record Commonwealth of Pennsylvatia Department of Corrections DC-441 DEC 2	1224	246.	eay
DC-441  DEC 2  RECORD SCI GRATE	Institution:	Sha	

WHITE: Medical Record

CANARY: Consultant

PINK: Medical Record (Pending)



Case 2:02-cv-02688-SD Document 45-6	Filed 08/15/2006 Page 29 of 158
X-RAY REPORT	COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS
X-RAY NUMBER DATE OF X-RAY	NUMBER QUARTERS QUARTERS
☐ TREATMENT ☐ EXAMINATION DETAILS:	TECHNICIAN
KUB (M.	mep 519
	sid) 5. KeTBHM. PHYSICIAN
REPORT  (IN May le reform  DC 462	dorl
	; \$
DATE OF REPORT	ROENTGENOLOGIST
White—MEDICAL RECORD Canary—X-RA	AY FILE Pink—RADIOLOGIST FILE
4/2	5/02
DC-456 SOF CARRETON AND AND AND AND AND AND AND AND AND AN	COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS
X-RAY NUMBER  DATE OF X-RAY 3 / 62	NUMBER YZYG QUARTERS B 1:08
☐ TREATMENT ☐ EXAMINATION DETAILS: (	/ wagnostio Reports
	graying medicination of the
Obst S	late / Time: 69211 Jr. KORSZNIAK
CONSTRUCTION SERIES- Radiographs of the acconstipation. There is no evidence of in ileus or free air. There are no definite is no active disease in the chest ECE	J.C. KORSZNIAK, PA-C  abdomen demonstrate moderate ntestinal obstruction significant
constipation. There is no evidence of in	J.C. KORSZNIAK, PA-C  abdomen demonstrate moderate ntestinal obstruction significant e renal or ureteral calculi. There

White-MEDICAL RECORD

05-08-02

DATE OF REPORT

PETER G. GREGORY, M.D.

lag

Canary—X-RAY FILE

MEDICAL RECORDS DEPT. SCI GRATERFORD

Pink-RADIOLOGIST FILE

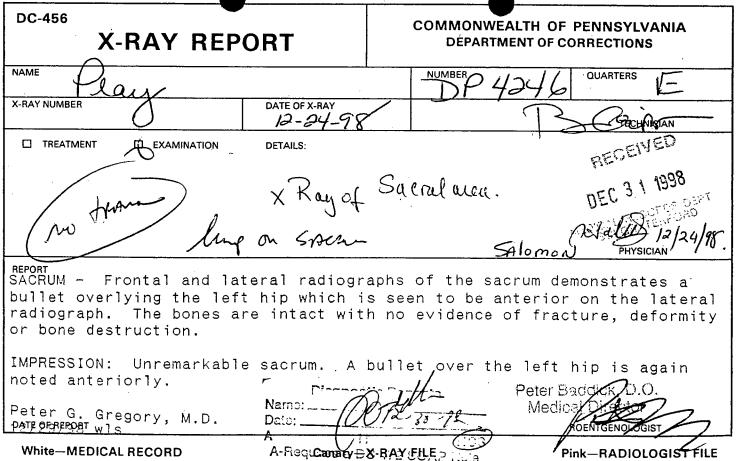
White-MEDICAL RECORD

Canary—X-RAY FILE

Pink—RADIOLOGIST FILE

Case 2:02-cv-02688-S	Document 45-6	Filed 08/15/2003	Page 32 of 153
DC-456 SCI- GRATER		COMMONWEA	LTH OF PENNSYLVANIA
X-RAY REP	ORT	DEPARTME	ENT OF CORRECTIONS
NAME Peau, Strat	ton	DP424	O ST.
X-RAY NUMBER	DATE OF X-RAY	199	13 December 1
☐ TREATMENT ☐ EXAMINATION	DETAILS:		7000
*feels sick abdomin	Flot Ando	• •	Miguel Salomon, M.D. CPS Physician
			PHYSICIAN
RSTOMEN - There is a m hemi abdomen, with no o seen. There is a bulle	bstruction or	free air. No :	significant calculi ark
Peter G. Gregory, M.D. 05/03/99 wls	Diag lame:_ late/Time:_	Inostic Flagged On 61	M, Alan
DATE OF REPORT	<u> </u>	<u>a DC 472 SOAP N</u>	ROENIGENOLOGIST
White—MEDICAL RECORD	Canary—X	C-RAY FILE	Pink—RADIOLOGIST FILE
			•
DC-456 SOL-GRATER X-RAY RE	PORT	COMMONWI DEPART	EALTH OF PENNSYLVANIA MENT OF CORRECTIONS
X-RAY RE		COMMONW DEPART	EALTH OF PENNSYLVANIA MENT OF CORRECTIONS  QUARTERS
X-RAY NUMBER		COMMONWI DEPART	QUARTERS
X-RAY NUMBER	Strotto	COMMONWI DEPART	MENT OF CORRECTIONS
X-RAY RE  NAME  X-RAY NUMBER  TREATMENT   EXAMINATION  RECEIVE 2001 DEPT  WILDING A TEREORD A P and	DATE OF X-RAY  DETAILS:	COMMONWI DEPARTI	QUARTERS  TECHNICIAN
X-RAY RE  NAME  X-RAY NUMBER  TREATMENT   EXAMINATION  RECEIVE AND DEPT  OCCUYE RATERIORD  REPORT  COCCYX- Radiographs of	DATE OF X-RAY  DETAILS:  Lateral  f the coccyx of ized bones are	DEPART	QUARTERS  QUARTERS  TECHNICIAN  PHYSICIAN  definite fracture or ignment of the sacral a
X-RAY RE  NAME  X-RAY NUMBER  TREATMENT   EXAMINATION  RECEIVE AND DEPT  OF CALCARATERIORD  REPORT  COCCYX- Radiographs of deformity. The visual	DATE OF X-RAY  DETAILS:  The coccyx of ized bones are grossly satisf	DEPART	QUARTERS  QUARTERS  TECHNICIAN  PHYSICIAN  definite fracture or ignment of the sacral a  Diagnost Reports  Time:
X-RAY RE  NAME  X-RAY NUMBER  TREATMENT   EXAMINATION  RECEIVE AND DEPT  COCCYX- Radiographs of deformity. The visual coccygeal segment is  PETER G. GREGORY, M. D.	DATE OF X-RAY  DETAILS:  The coccyx of ized bones are grossly satisfied.	DEPART	DIAGNET OF CORRECTIONS  QUARTERS  TECHNICIAN  PHYSICIAN  definite fracture or ignment of the sacral and incomplete the sac

DC-456 Case 2:02-cv-02688-D Document 45-	GRATERFORE5/2003 Page 33 of 153
X-RAY REPORT	COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS
X-RAY NUMBERS DATE OF X-RAY	NOMBER 4246 QUARTERS
TREATMENT PETAILS:	TECHNICIAN
APK 3 U 1998  MEDICAL SCI GRATERFORD	
REPORT CHEST - EXAMINATION OF THE CHEST REV NORMAL. LUNG FIELDS ARE CLEAR. DIA BONEY STRUCTURES ARE NORMAL.	VEALS CARDIO MEDIASTINAL SILHOUETTE APHRAGMS AND COSTOPHRENIC ANGLES SHARE
IMPRESSION: NORMAL CHEST - NO ACTIV DOUGLAS W. PARRILLO, M.D. 04/28/98 WLS Dr Peter Ba	Date: 4 -29 -96 A
DATE OF REPORT  KAREN PANCZAK, RN II TR NI PORT	
White—MEDICAL RECORD Canary—X	ROENTGENOLOGIST -RAY FILE Pink—RADIOLOGIST FILE
	· ·
X-RAY REPORT	COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS



### PHYSICAL EXAMINATION

Exam Da	ate: _ <u>q/</u> 2/	<u>B</u> Exar	n Time: _	980AM	<u>.</u>	1	e of Examirole of Cole Violator			itial: iial:		1
Age:	25	Sex: M	Heigh	58"	Weigl	nt:/7	7 Pulse:		BP:		Temp:	
Next of I	Kin: Et	ta Pe	an			,		Phone	Numbe	r: 215	879	1-62
Address	:1740	N-W1	ISON	54. 1	hile	a Pa	a 1913	7		MOY	her	
Allergies	s/Drug Ser	nsitivities://	KOA									
Audiogra Right:		ormal	Abnorm	al			ual Acuity: ht: Unco	rrected		Correct	oT be	1
_												
Left:		rmal	Abnorm		·	Le	ft: Unco	rrected		Correct	ed To	
Labo	oratory T	<b>ests</b> (check	if comple	eted)						T		
check	<del></del> -		check		ct	neck			check	,		
		Differential		STS			Chest X-R				cardiogra	am
	Chennistry			PPD			PAP Smea	<u>ır</u>	j <b>1</b>	Mammo	ogram	
Cian	Urinalysis		1 49	Hemoccı			Other:			<u> </u>		
Sign	ature of	Nurse Co	mpletin	g Iop Po	ortion							
Signatur	re:									•		
Phys	sical Exa	mination								<del></del>		
			Normal	Abnorma	al Ab	norm	al Findings detail. Us					be in
1. Head	, Face, Ne	ck Scalp	1		<del></del>						<i>J</i>	
2. Nose	s/Sinuses	<u> </u>		· · · · · · · · · · · · · · · · · · ·	<b>-</b>   .							
	h and Thro	at			_							
4. Teeth												
5. Ears												•
6. Eyes/												1
7. Fund			NO	1714	गुल)							
	s and Ches	st	<u> </u>									
9. Heart			<u>h</u>	ļ								l
	cular Syste	em	<del>  \//</del> }	-	┦	Ø.	10l0 Leye	۱۱۱۵۱	lcon.			
11. Abd	s & Rectur		0	1 0 - 5			in which	mac.	J ~ U			
13. Pros	state	<u>n</u>	1307	1111	310	g	•					
	ocrine Sys	tom.	1	1,500	=4, 2							
15. Gen		item	-	<del> </del>								
16. Extr							•					
	ph Nodes				$\dashv$							Ì
18. Fee												
	sculoskelet	al										
20. Skin	<u> </u>											
21. Neu												
	ntal Status		W 01	Alle	FBN)							
22. Oth	er											
_	cal Examin	nation	ania		Inmate	e Nam	ne: Pe	ay				

Department of Corrections DC-440

Revised 10/00

Inmate Number: DP4246

DOB: 11-4-76

Facility: SILA

PHYSICAL EXAM	HNATION <sup>2</sup>	CONTINUE	Jeni 45-6	Filed 08/15/	zuus Page	35 of 153	· · · · · · · · · · · · · · · · · · ·
	Normal	Abnormal	Abnormal	Findings — Er	nter item numb	er and descr	ibe in detail.
24. Female Only	INOLLIAL	Abiloillai					
a. Breast							
o. Vagina			•				
c. Cervix						•	•
d. Uterus							
e. Adnexa			_				
·						·	
Remarks (Recomme	endations or r	referrals, treatme	nt plan, etc.)				
	C	Jumu Chi yoh Whi	og din'		·		
	H	ych Wha	mW				•

artiner's Signature

The Medical Clearance Form is also to be completed.

Exam Date: 4/17/6-	D Exa	ım Time:	ICAL 1001		Type of 1	Examination:	Initial	Annual
			,		Parole V	iolator	Biennial X	Other
Age: 23 Sex: M	Heig	ht 5 /8	Weight:	177	Pulse:	72	BP: 130/50	Temp:
Next of kin: Eta /	Jaen	÷		(mo	ther)	Phone nun	aber: 215-8	79-627
Address: 1740 7.	Will	ton	ST. F	Réla	19/31	· ·		
Audiogram -				Visual A	cuity	م روس	2	
•	Abnorma	l eting	,	Right		ted DU 16	,	ted to / .
Right: Normal  Left: Soe Audio	Abnorma			Left:	Uncorrect	ed 20 12	U Correct	ed to /
ABORATORY TESTS	S (check it	complet	ed)	· 		<u> </u>		
check		check			check -		check	
CBC with Differentia	1		STS			st X-Ray		ardiogram
Chemistry Profile			PPD			Smear	Mammo	flam
Urinalysis	· ·		Hemoccult		Oth	er:	<del>                                     </del>	
HYSICAL EXAM	Normal	Abnom	nal Abi	normal Fin			and describe in d	letail.
1. Head, Face, Neck, Scalp	/		_		Use	reverse side if	necessary	
2. Nose/Sinuses	/_							
3. Mouth and Throat			<u> </u>					
4. Teeth	<u> </u>	<del> </del>	<u> </u>					
5. Ears		<del>                                     </del>	<del></del>					
6. Eyes/Pupils	-							
7. Fundoscopy  8. Lungs and Chest			<u> </u>			-		
9. Heart								
10. Vascular System	/						•	
11. Abdomen	-	<u> </u>	.					
12. Anus and Rectum	<u> </u>	<u> </u>	IN US	i	.·-			
13 Prostate	17	<del> </del>						
14. Endocrine System		1					•	
15. Genitalia 16. Extremities								
17. Lymph Nodes					•	1		
18. Feet			.					
19. Musculoskeletal		<u> </u>		11	`	N		
20. Skin		<b> </b>	<del></del> //	nidle	ne ju	rquel (	m'	
21. Neurologic	<del>                                     </del>				*	0		
22. Mental Status	M	<del>                                     </del>						
23. Other	1 // [^							
UNDER 50 PH	YSICA	L	Inmat	e Name:	Peay	, Stra 246	tton	
Physical Examination					× 0	15./1		
Commonwealth of Pen	nsylvani	a	Inmat	e Number	:DP 4	246		
Department of Correct				,		•		
DC-440			DOB:	11/4/	76			
•			Inctita	ıtion: C	CT/CDAT	TERFORD		

DHVSICAT	EXAMINATION -	CONTINUED
PRISICAL	- EAAMMALIUM -	COMMINDED

	Normal	Abnormal	Abnormal Findings - Enter item number and describe in detail.
1. Female Only			
Breast			
b. Vagina			
c. Cervix			·
d. Uterus			
e. Adnexa			•.

ON aluke proces

Remarks (Recommendations or referrals, treatment plan, etc.)

The Medical Clearance Form is also to be completed.

Examiner's Signature

Date/Time

J.C. Korszniak, PA-C

#### MEDICAL CLEARANCE FORM

TYPE [ ] Initial Classification [ ] Parole Violator, CCC returns, returned escapees, ATA, HVA, with more than six months absence	Annual Physical [ ] Revision due to change in Health Status Biennial Physical [ ] Boot Camp Clearance
FOOD SERVICE	
[ Is approved for food service.	[ ] Is <b>not</b> approved for food service.
MEDICAL CLEARANCE (Please Check a	as appropriate:)
Is medically cleared without limitations for:	[ Regular Housing [ Employment [ Activities [ ] Boot Camp
Is medically cleared with the following limits	ations:
Housing:	
Employment:	
A	
· · · · · · · · · · · · · · · · · · ·	
Other:	
Is not medically cleared for: [ ] Regular	Housing [] Employment [] Activities [] Boot Camp
,	
	Signature   1030 J Date/Time
	Signature Date/Time
WHITE - Medical Records	CANARY - Inmate Employment Office PINK - Activities
M. P. LCI	Inmate Name: Peay, Stratton Inmate Number: DP 4246
Medical Clearance Form Commonwealth of Pennsylvania Department of Corrections	Inmate Number: DP 42 46
DC - 480	DOB: 11/4/76
Λ ω	Institution: SCIG
I/ # 100/	i

			_ FT		ICAL	CAAIV	Щ	ILAN					
Exam I	Date:	78/78 May 1996		ı Time:_	1/3	3		pe of Exam role Viola			tial	Annual Other_	
Age: _	2/	Sex: m	Heigh	t: 519	් Weight:	172	Pu	lse: 💪	_!		:100/6	Temp:	942
Next of	kin: EH	ta Co	NOVE		(M	ons			Phone nun	iber.	379 -	627	7
Addres	s: 17L	104	wilto	N E	+							0	
Audiog Right: Left:	ram No No	rmal	Abnormal Abnormal	SEE A	UDIOGRAM ESTING		Unc	orrected =	£ 24		Correcte	STING	AR /
LABO	RATOR	Y TESTS	(check if c	omplete	d)								
check	CBC with Chemistry Urinalysis			1	STS PPD 1 0 mm Hemoccult		heck	<del></del>	Ray WAD	check	Electrocar Mammogr		

#### PHYSICAL EXAMINATION

	Normal	Abnormal	Abnormal Findings - Enter item number and describe in detail.
1. Head, Face, Neck, Scalp			Use reverse side if necessary
2. Nose/Sinuses			
3. Mouth and Throat			
4. Teeth			
5. Ears			
6. Eyes/Pupils			
_7. Fundoscopy	156		
8. Lungs and Chest	1 / 1		
9. Heart			
10. Vascular System			# 11 kad QUP @ bolsalowgef
11. Abdomen	,		FIT FLOW G OF CONTROL OF
12. Anus and Rectum	do fara		
13 Prostate	History.		
14. Endocrine System			
15. Genitalia		<del></del>	
16. Extremities			
17. Lymph Nodes			; <sub>1</sub> .
18. Feet			· 11) - A i
19. Musculoskeletal			Soss willing old
20. Skin	<i> </i> -		
21. Neurologic	1 1/2		5ess viole ald TATOO Orppoon Coly
22. Mental Status	NA.	l	- Completion
23. Other	<u> </u>	<del></del>	•

Physical Examination Commonwealth of Pennsylvania **Department of Corrections DC-440** 

Inmate Name: Peug, Stratton
Inmate Number: DP 4246

DOB: 11/4/76
Institution: Sc1 Camp Hill

WITH COLOR A	<b>EXAMINATION</b> -	
PHYSICAL	RIVATION -	CUMMINUED

		Normal	Abnormal
24. F	emale Only		
2.	Breast		
<b>b</b> .	Vagina		
C.	Cervix		
d.	Uterus		
e.	Adnexa		

Abnormal Findings - Enter item number and describe in detail.

(A abd explorator 2 55 cm

O segulace.

Remarks (Recommendations or referrals, treatment plan, etc.)

Medically Cleared for Transfer

PHIL RICHARDSON, PA-C PHYSICIAN ASSISTANT - WHS

The state of the s

Examiner's Signature

Date/Time

#### INPATIENT UNIT SUMMARY

NAME OF THE PROPERTY OF THE PR
To be completed upon admission:
Date of Admission: $Q-20-02$
Provisional Diagnosis:
$S \cdot \mathcal{I}$
Allergies: NKDA
Name and Address of Next of Kin: Etta Peay 1740 N. Wilson St.
1740 N. Wilson St.
Phila, Pa  [913] Phone Number: 215 879 - 6277
To be completed upon discharge:
Date of Discharge: 4/23/02
Discharge Diagnosis: 8/H adu .
Chief Complaint and History:
Housely felish
Housel blish ". I have most likely color, concer?
Procedures/Operations performed during admission:
poc 1:1

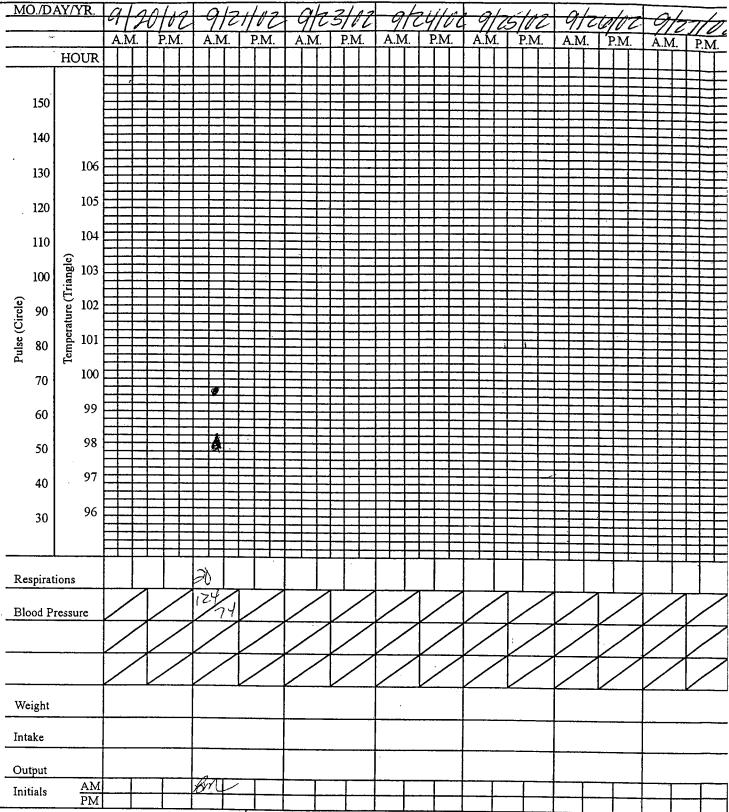
Inpatient Unit Summary Commonwealth of Pennsylvania Department of Corrections DC - 474 Inmate Name: Peau

Inmate Number: DP 4246

(Summary continues on reverse side)

DOB: 11-4-76

Institution: Sug



Inpatient Vital Signs Flow Sheet Commonwealth of Pennsylvania Department of Corrections DC-475

Inmate Name: Peay, Stratton

Inmate Number: DP4246

DOB: //- 4-76
Institution: SUG

To be completed upon	admission:		
Date of Admission:	5I 8. 20:02		
Provisional Diagnosis:	51		a.
Allergies:	KEDA		
Name and Address of Next	of Kin: Est	R. Milton St.	
Relationship:	nother	Phone Number: 215-879- 0	277
Tổ bẻ completed upon	discharge:		
	12/1		
Date of Discharge:	08/21/02		
Date of Discharge:  Discharge Diagnosis:	08/21/02		
		· · · · · · · · · · · · · · · · · · ·	
Discharge Diagnosis:	ry:  Moreo formed during admission:		
Discharge Diagnosis:  Chief Complaint and Histo	ry:  Moreover formed during admission:	'Afirmary	

Inpatient Unit Summary Commonwealth of Pennsylvania Department of Corrections DC - 474 Inmate Name:

PEAT, 5

Inmate Number:

DP 4246

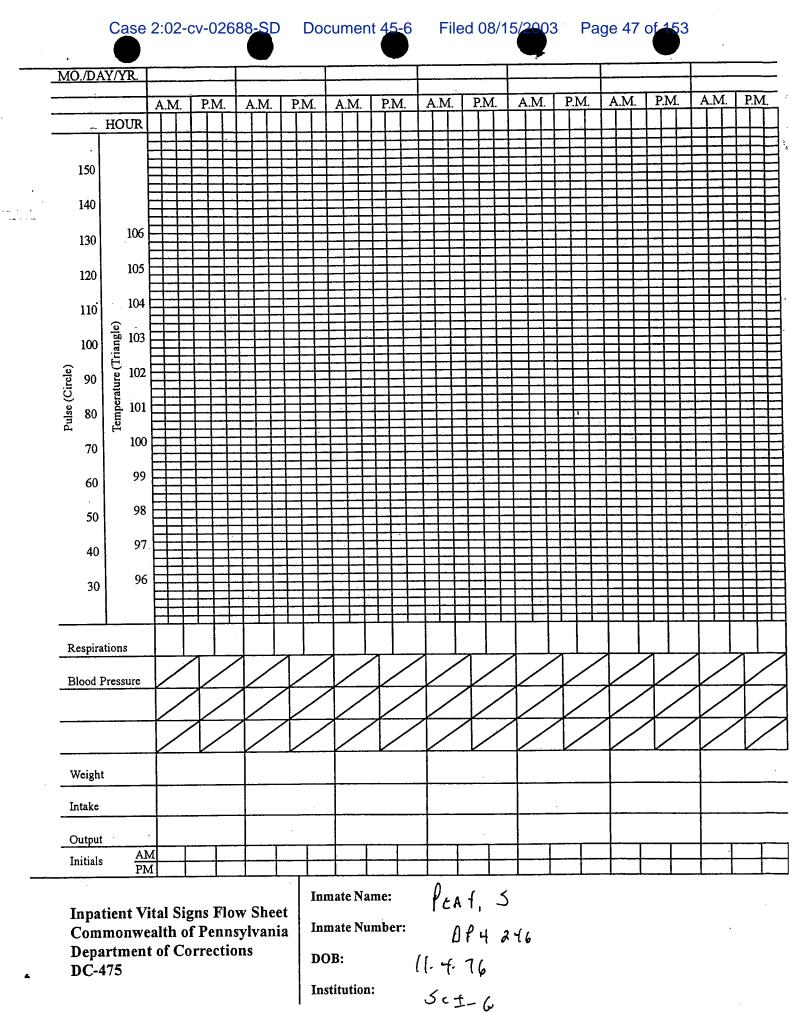
DOB:

11.4.76

Institution:

SCI. C

DATE



### INPATIENT UNIT SUMMARY

To be completed upon admission:
Date of Admission: 07/15/02/
Provisional Diagnosis:
· · · · · · · · · · · · · · · · · · ·
Psychiatric
Allergies:
Name and Address of Next of Kin:
17.40 H. Wilton St.
Ship ( ) (Q12)
Relationship: Phone Number: 215-879-6277
To be completed upon discharge:
Date of Discharge: (1) 7//6/0 >
Discharge Diagnosis: Wone V71.09
Chief Complaint and History: Pt stated he was sincidal because he wanted medical treatment Claimed no howel movement x2 whs
he wanted medical treatment Claimed no
howel movement X 2 whs-
Procedures/Operations performed during admission:
as per medical
(Summary continues on reverse side)

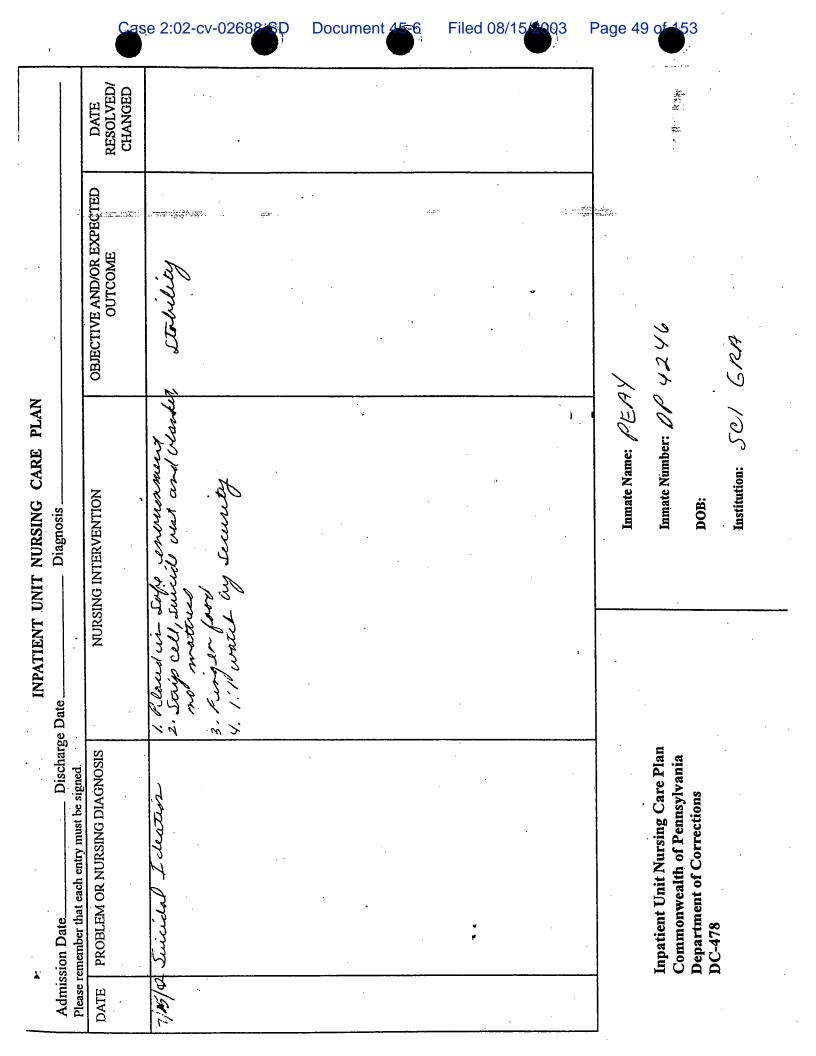
Inpatient Unit Summary
Commonwealth of Pennsylvania
Department of Corrections
DC - 474

Inmate Name: PEAY

Inmate Number: DP 4246

DOB:

Institution: SCI GRA



# INPATIENT UNIT SUMMARY

To be completed upon admission:	
Date of Admission: しースリーのス	
Provisional Diagnosis:	e de la companya del companya de la companya de la companya del companya de la co
Allergies: YKDA	
Name and Address of Next of Kin:	
1740 N. WILT  Relationship: Phone	on St, e Number: 315 - 879 - 627
To be completed upon discharge:	
Date of Discharge: 6/28/02	
Discharge Diagnosis: 3/A	
Chief Complaint and History:  Wewe	
Procedures/Operations performed during admission:	1 Sufikuary
	(Summary continues on reverse side)

**Inpatient Unit Summary** Commonwealth of Pennsylvania **Department of Corrections** DC - 474

**Inmate Name:** 

Peay, S \_DP 4246 11.4.76 \_\_\_\_\_\_\_

**Inmate Number:** 

DOB:

Institution:

#### DC14-RECEPTION PSYCHIATRIC/PSYCHOLOGICAL QUESTIONNAIRE/REFERRAL

	DP4246 NAME Play Stratton DATE 5/4/98 TIME 121
	Do you have any history of mental illness ?
	<u></u>
	Have you ever been treated for a nervous condition?
	Have you ever been examined or questioned by a psychologist or psychiatrist?
	Have you ever been hospitalized for a mental illiness? If yes, specify General or Mental Health Hospita
	Are you currently on any psychotropic or nerve medications? If yes, list meds.
	Have you taken psychotropic or nerve medications in the past? If yes, list meds.
	Have you ever attempted suicide, self-harm or self-mutilation?
C	DMMENDATION/ REFERRAL:
_	
-	
_	
_	

Signature of Medical or Psychology Staff Completing Form

(White)--Medical Record

(Canary)-CDCC Psychology

(Pink)- Medical/Control Bubble

#### INDIVIDUAL TREATMENT PLAN

(1) Name		• .
S. Peau	(2) OC# DP-4246	(3) Assigned PSA
(4) CO Code (5) GAF	(6) Assigned Psychiatrist	B. Ladovve
1000e   30		1
(7) Date of Last Treatment	Plan Review	
·		
(8) Problems & Goals	(9)Treatment Objectives	
(Minimum of 2)	(Observable & Measurable)	(10) Objectives
1/2 1: 1: 1	( Table & Measurable)	Target Date
No indications	Cleaned	
OF psychatric/	Charea	Monte
psychological	for disdays	NOVE
	6 - October	
problems.	TOM PSYCTVWY	
Devies any	Murbe Trand	
continut problem		. , .
tsad to	by melia.	
111115 (1/////0/0/		
to RITH grads to		
get to discus walling		
Treatment Modelities		
Check All That Apply	Projected Frequency & Duration of	(11) Anticipated Length of
ougat An Itles Apply	Treatment	Treatment
	Once/ Twice/ Every 2   Once/Mo.	l
12) Individual	wk wk Weeks	Up to 3 Mos.
13) Group		
		Up to 6 Mos.
		More than 1 Year
14) Employment		
15) Education		
16) Other (Soecify)		. •
		1 
	Davissantt	

#### Review/Updates

Review and Update Treatment Plan on a new form as follows:

1. Initial Review (to be completed within 14 days of admission).

2. SNU reviews a minimum of one every 120 days.

3. At the request of the Unit Manager.

JUN 2 7 2052

MEDICAL RECORDS DEPT. SCI GRATERFORD

(17) Clier	nt Signature/Date
------------	-------------------

(19) Counselor Signature

Oate

(18) Psychology Staff/Date Signature

(20) Psychiatrist Signature/Date (21) Unit Manager Signature/Date

NMA	ATE N	Cas  -   AME:	2:02-c/-02688-SD Document 45-6 Filed 08/15/2003 Page 58 of 153
RHU	Office	er comp	eting form (print): IT 1, 50 LER
)ate:	:	4-	-07 Time: 200
1	N	1.	Escorting officer has information that inmate may be a suicidal risk.
<u> </u>	(M)	2.	Inmate is expressing suicidal thoughts / making threats to harm self
)	N	3.	Inmate shows signs of depression (crying, withdrawn, passive).
′	(M)	4.	Inmate is acting / talking in a strange manner (hearing / seeing things that aren't there).
′	Ð	5.	Inmate appears to be under the influence of drugs / alcohol.
′ (		6.	Inmate has recent family change (e.g., death of child/spouse/parent or "Dear John Letter").
,	W	7.	Inmate has recent legal status change (e.g., parole violation or new detainer).
/	Ň	8.	Inmate has been assaulted (physically or sexually) by another inmate.
, ·	2/02/02	9.	Inmate shows anger, hostility, and threats.
′	D)	10.	Inmate appears anxious, afraid (pacing, wringing hands).
′	W	11.	Inmate displays signs of self-neglect or abuse (e.g., poor hygiene browns and bruises).
9	N	12.	Inmate states this is his / her first placement in RHU.
,	(N)	13.	Inmate states that he / she is taking psychiatric medication.
com	ment	s:	MEDICAL RECURSOR - 1
as a eha	any revioral  of ite  Bet	cent lega characte ms #1 th ween 8:0	needs of which staff should be aware, (c) if he / she is on any medication, and/or (d) whether he / status changes (e.g., Parole violation, detainers). The officer will also note any special physical stics (e.g., crying, poor hygiene, cuts & bruises) or if the inmate is uncooperative.  ough #7 are checked "Yes", the RHU officer shall immediately phone the following staff:  a.m. and 4:30 p.m., nursing and Chief Psychologist or MHC. Psychologist will immediately visit the state of th
×.		U and re- recorded	ew the checklist, assess the inmate, and discuss the casewith RHU staff. Time of assessment won form.
•			r on weekends, the nursing staff and Shift Commander. Nurse will immediately visit RHU to revie assess the inmate, and discuss case with RHU staff. Time ofassessment will be recorded on forn
,	also	•	e inmate appears in immediate danger of harming him / herself or somebody else, the RHU staff sh ne Shift Commander, as well as nursing staff and Chief Psychologist or MHC to requestan immediat
isit ısse	the R	HÜ, but nt. The o	ough #13 are checked, the form will be submitted to the nurse and / or psychologist the next time the ithin 24 hours. The nurse or psychologist will assess the inmate and note the date and time empleted form will remain in the Cumulative Adjustment Record until reviewed by PRC. Copies d DC-14.
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NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

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#### **PROGRESS NOTES**

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**Progress Notes** Commonwealth of Pennsylvania **Department of Corrections** DC-472

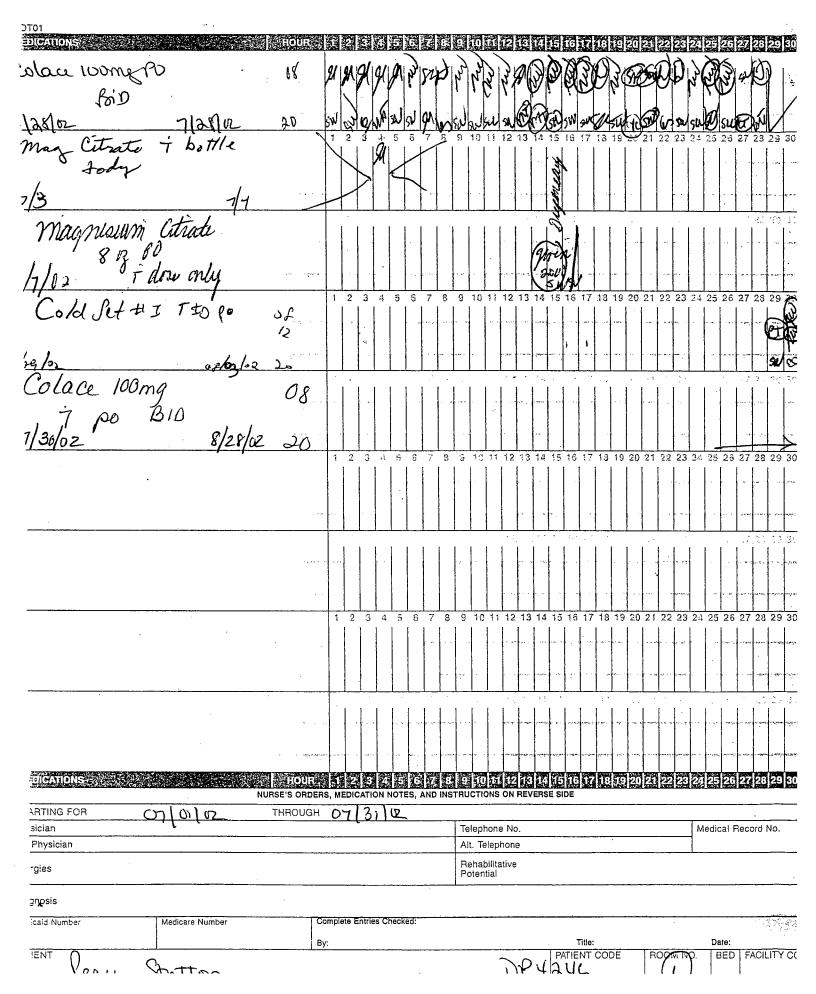
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# Case 2:02-cv-02686-SD Document 45-6 Filed 08/15/2003 Page 62 of 153 ADMINISTRATION RECORD EDICATION ADMINISTRATION RECORD

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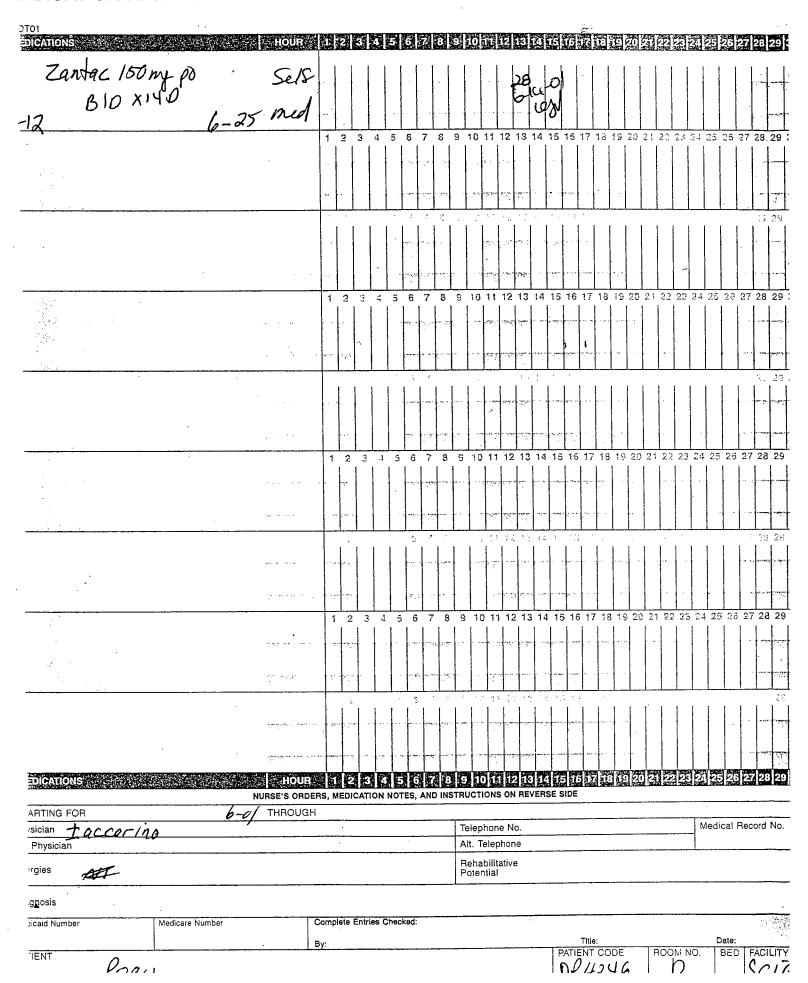
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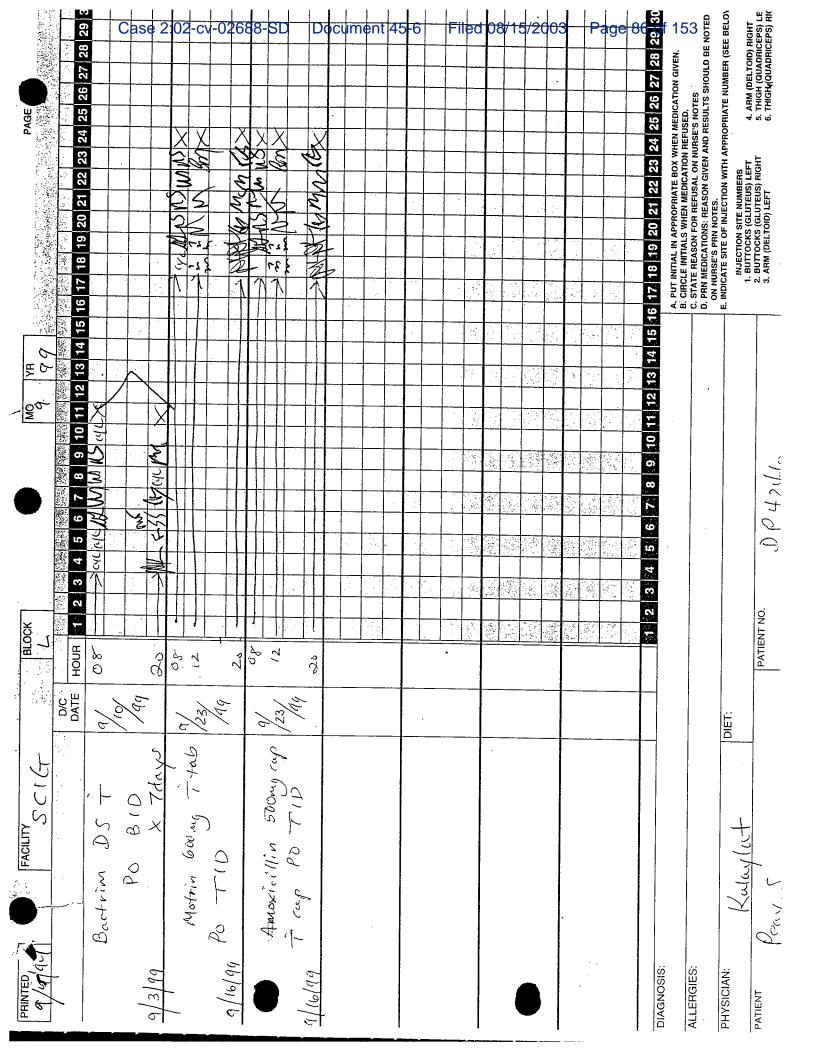
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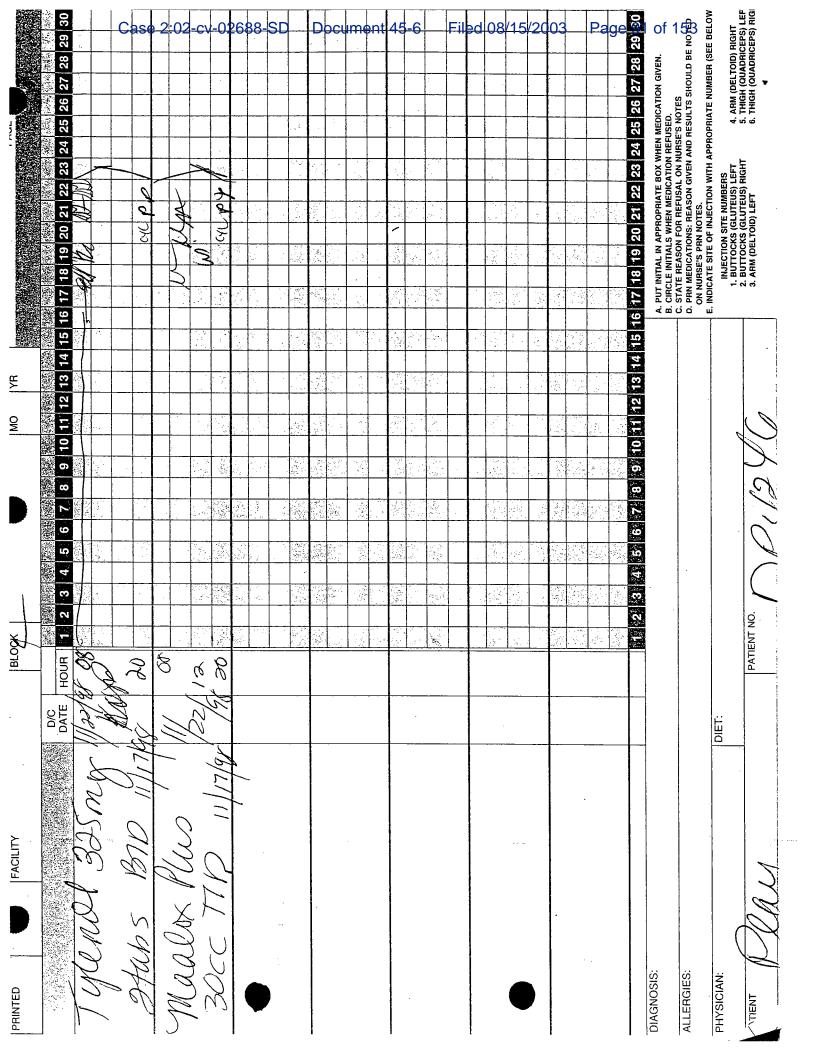


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INTER-INSTITUTIONAL ME	/		KLIST
- acr / ann / ///	1 Sex Drai	end 1	w
From SCI: State of Transfer: State of Transfer:	7/98 to SCX:	1	· · · · · · · · · · · · · · · · · · ·
Date of Transfer:	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
Required Conte	ents	Sending Facility	Receiving Facility
Intake Screening Form or Reception Summary		$V_{I}$	1
2A. Current PPD and TB Summary Sheet		$\mathcal{V}_{\mathcal{I}}$	
2B. Computer Data Entry Complete		V	1 m
3. Dental Record		0,	1/
4. History and Physical Exam			·/
5. Integrated Psych Records/SNU Records			/
6. Laboratory Exams: CBC, Diff, STS, U/A, Sickle Reports	le Cell, HIV, Culture	1	
7. Diagnostic Reports: audio/visual, MRI, ultrasou	und, bone scan, etc.		/
8. Consultation Reports on-site and off-site		Na	NA
9. All Xrays: Reports and films			1
10. EKG Baseline: If older than 40 or history of h	eart problems	Ray	NA
11. All Progress Notes/Physician Orders		V	
12. Inpatient Unit Records/Special Unit Records		Ras	NA
13. Community Hospitalization/Emergency Room	n Records	Na	NA
14. MARS (old)			
15. I.D. Card		la	NA
16. Medications		Na	NA
Make sure loose filing is retrieved from all appropr Comments:	iate locations. (i.e. infirmary, repository,	, mail, etc)	
Comments.			
Shaim Madden Men	8/9/9/ Pauline 3an	roski Alt	8:24.98
A.R.T. or Designee Sending Facility Date WHITE - Receiving institution under miscellaneou		eiving Facility  ng institution file co	Date
			<u>-</u>
Inter-institutional Medical Record	Inmate Name: flag	Frallo	
Tranfer Checklist	Inmate Number: DP 43	246	
Commonwealth of Pennsylvania	_		
Department of Corrections	DOB: //- 4-76	2	
DC-485	Institution:		

NURSING TR	ANSFE	R CHECKLIST	YES	NO
1. Does the inmate have active TB disease?				1
2. Does the TB Summary need to be completed?	(If yes, com	plete 2a - 2d)		1
a. Is the inmate a past positive? (circle one)	Yes No	b. If yes, was INH therapy started? Yes No		
c. Date of last chest x-ray? 4-27	98	d. Result? Positive Negative		
2. Is the inmate in medical isolation?	<del></del>			2
3. RPR? Positive Negative If positive, do	oes the inmate	e need to be cleared through the ICN?		1
4. Does the record indicate an unstable, uncontrol	olled or acute	condition which needs to be resolved or identified?		
5. Does the inmate have an acute or unresolved i	nfection?			
Does the inmate have a pending consultation?     progress notes)	(Look for bo	th the Consultation Record Form and a note in		~
7. Is the inmate in the process of receiving denta	l surgical prod	cedures or dentures?	<del> </del>	V
Is there any indication that the inmate is in nee     care?	ed of immedia	ate surgery or is the inmate undergoing post-surgical		~
9. Has the physician or PA determined that the i	nmate is not p	physically able to travel?		4
10. Has the inmate had a serious accident or over	dose in the la	st 24 hours?		~
11. Has the inmate been housed in the Infirmary, past 7 days?	Psychiatric O	bservation Cell or Mental Health Unit within the		v
12. Does the record indicate evidence of clinical	signs/sympto	ms of serious mental illness?		i
13. Are there any missing consults, lab work or x	c-rays? (order	red but not on chart)		~
14. Is there any lab work, x-rays, consultation re	port, test resu	lts without a physician's signature/initials?		2
	any check	Diabetes HTN HIV TB prophylaxis marks in the YES column, physician for determination of hold status	Neuro	leptics
Reviewed with the physician? Yes No	)	L. Lyndoay RV 8 Sending Facility Nurse Signature  Receiving Facility Nurse Signature	Date/Tim	
Nursing Transfer Checklist Commonwealth of Pennsylvania Department of Corrections DC-491	Inmate Na Inmate Nu DOB:	ame: flay, STRATTON  number: DP-4246  11-04-1976  n: SCI-Camp Hell	Date III	

NURSING TRA	NSFER CHECKLIST	YES	NO
Does the inmate have active TB disease?			
2. Does the TB Summary need to be completed? (If y	res, complete 2a - 2d)		
a. Is the inmate a past positive? (circle one) Yeş	No b. If yes, was INH therapy started? Yes No	///////////////////////////////////////	/////////
c. Date of last chest x-ray? 4/31/98	d. Result? Positive Negative	1111111111	///////
3. Is the inmate in medical isolation?			
4. RPR? Positive Negative If positive, does the	he inmate need to be cleared through the ICN?	1	MIL
5. Does the record indicate an unstable, uncontrolled	or acute condition which needs to be resolved or identified?		
6. Does the inmate have an acute or unresolved infect	ion?		
7. Does the inmate have a pending consultation? (Lo progress notes)	ok for both the Consultation Record Form and a note in		/
8. Is the inmate in the process of receiving dental surg	gical procedures or dentures?	_	
Is there any indication that the inmate is in need of i care?	mmediate surgery or is the inmate undergoing post-surgical		/
10. Has the physician or PA determined that the Innat	te is not physically able to travel?		
11. Has the inmate had a serious accident or overdose	e in the lasts 24 hours?		
12. Has the inmate been housed in the Infirmary, Psyc 7 days?	chiatric Observation Cell or Mental Health Unit within the past		
13. Does the record indicate evidence of clinical signs	s/symptoms of serious mental illness?		
14. Are there any missing consults, lab work or x-rays	? (ordered but not on chart)	<u> </u>	
15. Is there any lab work, x-rays, consultation report, to	est results without a physician's signature initials?		
16. Is there any labwork, x-rays, consultation report, te	est results which require follow-up?		
17. Is inmate a dialysis patient?			
18. Have dialysis arrangements been made at receiving	ng institution?		
19. Date of Last Dialysis Treatment:		<i>IIIIIIIIIII</i>	////////
the chart MUST be reviewed	Asthma Diabetes HTN HIV TB prophylate any checkmarks in the YES column, d with the physician for determination of hold state of the physician for determination of hold state of the physician for determination of hold state of the physician for determination of hold state of the physician for determination of hold state of the physician for the physicia	•	uroleptic:
Reviewed with the physician? Yes No	Hugau 5/4/92 Nurse Signature Date	y /s Tim	338 ie
Nursing Transfer Checklist Commonwealth of Pennsylvania Department of Corrections DC-	Inmate Name: Play Stratton Inmate Number: DP 4246 DOB:		
	Institution:		

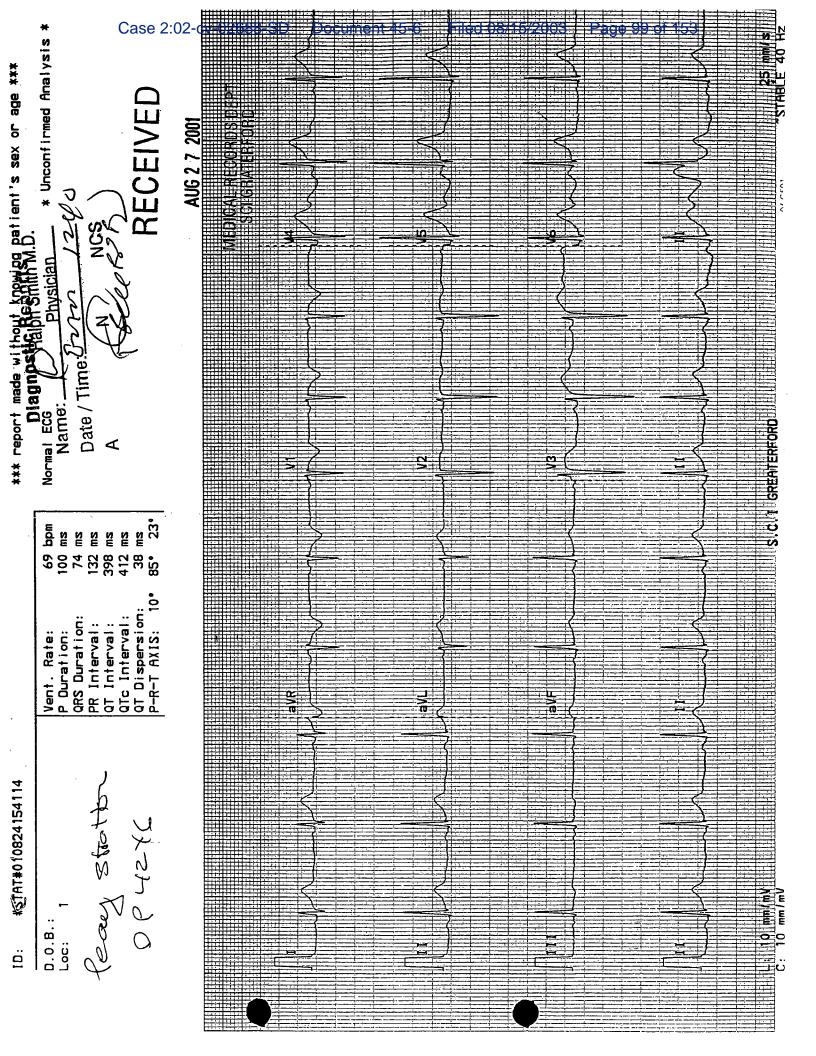
# INTER-INSTITUTIONAL MEDICAL RECORD TRANSFER CHECKLIST

to SCI: CDCC/CAMP is set of Transfer: 5-6-98		
Required Contents	Sending Facility	Receiving Facility
l. Intake Screening Form or Reception Summary		/
2. History and Physical Exam	NA	Na
3. Laboratory Exams: CBC, Diff, STS, U/A, Sickle Cell, HIV, Culture Reports	NA	Ma
EKG Baseline: If older than 40 or history of heart problems	NA	Na
A. Current PPD and TB Summary Sheet		V
B. Computer Data Entry Complete		1.
i. Dental Record	NA	Na
7. All Xrays: Reports and films		
Inpatient Unit Records/Special Unit Records	NA	la
Community Hospitalization/Emergency Room Records	NA	Na
0. Diagnostic Reports: audio/visual, MRI, ultrasound, bone scan, etc.	NA	Na
1. Consultation Reports: on-site and off-site	NA	Na
2. All Progress Notes/Physician Orders		
3. Integrated Psych Records/SNU Records	NA	Na
4. MARS (old)	NA	Na
S. I.D. Card	NA	Na
6. Medications	NA NA	la
ake sure loose filing is retrieved from all appropriate locations. (i.e. infirmary, repository		1 100
omments:		
Duline Zamorski Alt 5-4-98 BKint MA	IA .	5/6/98
R.T. or Designee Sending Facility Date A.R.T. or Designee Re	ceiving Facility	Date
iginal - receiving institution under miscellaneous Copy - Sending i	institution file copy	
Inmate Name: Feary Fansfer Checklist Commonwealth of Pennsylvania Partment of Corrections C-485 Institution: SCI-Graterfore	Stratton	

# ANSFER HEALTH INFORMATIO

Sending Facility: Dat	te: $4-24-98$ Time: $6^{30}$ AM
Receiving Facility: Dat	te of Transfer 4-24-98
Allergies/Drug Sensitivities: NKDA	
Current Acute Health Problems: Ndne	
	<u>.</u>
Chronic Health Problems 10 th	
Current Medications (Name, Dosage, Frequency, Duration, Route):	2
Other Treatment:	
Follow-up Care Needed:	
Other Significant Medical History:	) 1
Restrictions (Dietary, Housing, Employment):	· · · · · · · · · · · · · · · · · · ·
Pending Specialty Referrals (Appointment date if available):	
Physical Disabilities / Limitations:	
	· · · · · · · · · · · · · · · · · · ·
Assistive Devices / Prosthetics:	Eyeglasses:  Yes No
•	
Substance Abuse: Yes No Specify:  History of Suicide Attempt: Date of last attempt:	
TB INFORMATION	
Date of last PPD $12-3-97$ Result: Negative $\square$ P	ositive mm
Date of last chest x-ray Result:	
☐ History of TB prophylasix: Medication	
History of treatment for TB disease: Medication	
	Start Date Stop Date
	X 1 1 1 1 0 Out in out of
RPR 12-3-97 Non-Reactive	Nurse Signature, Title Date
Transfer Health Information	Inmate Control State Control
	Name: GEAG 1001 1001
	Inmate 9621466/760822
	DOB: 11-4-76
	Institution:

\* Unconfirmed Analysis \* Sinus rhythm \*\*\* report made without knowing patient's sex or age \*\*\* "INNIS IACCARINO D.O." " RECEIVED SEP 10 2001 Normal ECG 63 bpm 74 ms 80 ms 110 ms 386 ms 389 ms 24 ms 76 17 09/09/01 10:37:57 QT Dispersion QTc Interval: QRS Duration PR Interval: QT Interval: P Duration: Vent. Rate: #STAT#010909103757 1.0.B.: 11-4-76 Loc: DP4246 PEay, Stratter



# MEDICAL CLEARANCE FORM

5/4

TYPE Initial Classification Parale Violator, CCC returns, returned escapees, ATA, HVA, with more than six months absence	[ ] Annual Physical [ ] Biennial Physical	[ ] Revision due to char [ ] Boot Camp Clearand	₹
FOOD SERVICE	• • •		
Is approved for food service.	[ ] Is not approved for	food service.	
MEDICAL CLEARANCE (Please C	heck as appropriate:)	. /	
Is medically cleared without limitations	for: Regular Housing	Employment.	Activities
Is medically cleared with the following l	limitations:		
Housing:			
Trouble.		;	
-			
Activities:			
Other:			
Oulet			
		:	
Is not medically cleared for: [	] Regular Housing [ ] I	Employment [] Act	vities
	PHIL RICHARDSON PHYSICIAN ASSISTA	, PA-C	12 MAY 1998 // 2
	Signatur		Date/Time
	Signatu		
Original - Medical Records Copy	y - Inmate Employment Office	Copy - Activities Copy -	Other
.,	·	1 (1 11	·
Medical Classes as Form	Inmate Name:	lay, Straston Insurus	
Medical Clearance Form Commonwealth of Pennsylvan	11a Inmate Number: //	704246	
Department of Corrections			
DC - 480	DOB: 11/4/76  Institution: \$\int 1	Camo Hill	
	Institution:	Lamp	•

# INDIVIDUAL TREATMENT PLAN

(1) Name		<u> </u>
_ 5 Peace	(2) OC# 0/ -4746	(3) Assigned PSA
(4) ICD Code (45) GAF	(6) Assigned Psychiatrist	D. Ladonie
3019 65	11611000	
(7) Date of Last Treatment	Plan Review	
(8) Prociems & Goals	(9)Tenanti (9)	
(Minimum of 2)	(9) Treatment Objectives	(10) Objectives
	(Observable & Measurable)	Target Date
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because I am not	I W for the first	ONGOING
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medical treatmi	TRIME and more	
and I want to	conditions between	
and I want to and I wan certing	his desires & his	
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of behavior.	Totally Dicting	
	Sofutinenty of failing to tule reported for som	
Tresiment Modalities	Projected Frequency & Duration of	
Check All That Apply	Treatment	(11) Anticipated Length of
i i .		Treatment
	Once/ Twice/ Every 2 Once/Ma. wk wk Weeks	
(12) Individual	WK   WEEKS	Up to 3 Mos.
(13) Group		Up to 6 Mes.
		More than 1 Year
(14) Employment		
(15) Education		
(16) Other (Specify)		
1 - 7 - 2 - 101 ( 0 0 0 0 0 1 7 )		·
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Review/Updates

RECEIVED

Review and Update Treatment Plan on a new form as follows:

AUG 2 1 2002 MEDICA: ORDS DE

1. Initial Review (to be completed within 14 days of admission).

2. SNU reviews a minimum of one every 120 days.

3. At the request of the Unit Manager.

IMMORE SAND SUNDO	(50,00
(17) Client Signature/Date	TONER

(19) Counsalor Signature

Date

(18) Psychology Staff/Date Signature

(21) Unit Manager Signature/Date

Filed 08/15/2003 Rage 102 of 4530 # 2-20 Document 45-6 Case 2:02-cy-02688-SD Date \_\_7-75~ U 2 Inmate Name DC#-DP 47 4 0600 - 1400 1400 - 2200 2200 - 0600 6:00 2:00 10:00 🎵 0,12 6:15 2:15 10:15 10 6:30 2:30 10:30 6:45 0 2:45 10:45 10! 7:00 3.00 11:00 7:15 3:15 11:15 7:30 3:30 11:30 7:45 3:45 11:45 8:00 4:00 12:00 8:15 4:15 12:15 10 8:30 4:30 V 12:30 8:45 4:45 12:45 9:00 5:00 1:00 9:15 5:15 1:15 · · · · 9:30 5:30 1:30 9:45 5:45 1:45 10:00 70% . **6:00** ij. į, 2:00 0 10:15 6:15 Santage of 2:15 -U 10:30 6:30 2:30 10:45 6:45 2:45 11:00 7:00 **%:00** 11:15 7:15 3:15 11:30 7:30 3:30 11:45 7:45 3:45 112 12:00 8:00 4:00 12:15 8:15 4:15 12:30 8:30 4:30 -• --: 12:45 8:45 Kecerved @ 2055 4:45 1:00 9:00 10-12 5:00 1:15 9:15 5:15 10-12 1:30 9:30 - 12 5:30 1:45 9:45 10-12 5:45 2:00 10:00 6:00 Signatures Signatures 0230 JUL 3 0 2002

MEDICAL RECORDS DEPT Utilize applicable codes listed on reverse side of form for behavior / treatment.

	<u> </u>	1400 - 2200		_ DC# <u>-DP 424</u>
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6:45	8 12	2:45	10:30	
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00		10:00	5:45	
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	Doneile			•

Utilize applicable codes listed on reverse side of form for behavior / treatment.

Case 2:02-cv-02688-SD Document 45-6 Filed 08/15/2003 Page 104 of 153

12-Date Inmate Name WHITE DC#/> 0600 - 1400 1400 - 2200 2200 - 0600 6:00 2:00 10:00 6:15 13 2:15 10:15 ٠., 6:30 2:30 10:30 6:45 2:45 10:45 7:00 3:00 11:00 7:15 3:15 11:15 7:30 3:30 11:30 7:45 3:45 11:45 8:00 4:00 12:00 8:15 4:15 12:15 8:30 4:30 12:30 8:45 4:45 12:45 9:00 5:00 ٠, 1:00 9:15 5:15 1:15 14.5 9:30 . . 5:30 1:30 9:45 5:45 . . 1:45 10:00 🚈 🚈 . . 100 6:00 January Company v 45 2:00 10:15 6:15 .:<u>":</u>... 2:15 10:30 6:30 2:30 10:45 6:45 2:45 11:00 7:00 3:00 11:15 7:15 3:15 11:30 7:30 3:30 SATISFACTORY CONDIT 11:45 7:45 SECEIVE 200 12:00 8:00 4:00 12 #- T-5 -10A 12:15 8:15 4:15 -10A 12:30 8:30 4:30 IUA 12:45 8:45 4:45 -10A 1:00 9:00 5:00 -LOA 1:15 9:15 5:15 - 10A 1:30 9:30 5:30 - 10 A 1:45 9:45 5:45 10 A 2:00 10:00 6:00 10 B Signatures Signatures Signatures . -. . 5

pate	lnmate:Name	DC#-DP#5117
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6:30/0, EyE'S Clases	1 7) 2:20 ~	10:30
6:45/O, Eyes Clasto	10,141224	10.30
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Case-2:12-ov-02688	Document 45-6 Filed 08/15/2		of 153
0600 - 1400	Inmate:Name <u>Peay</u>	FRSNY	DC# <u>-DP-4247</u>
6:00	1400 - 2200	42004	2200 - 0600
6:15	2:00 / 0 / 0	10:00	10,12
6:30	/ 2:15 / 8 9 / 2	10:15	10,12
6:45	2:30 0 12	10:30 //	, (O
7:00	2:45 10 12	10:45 /	1,6
7:15	3:00 /0 /2	144.60	6
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8:00	3:45 10, 12	11:45	117
8:15	4:00 10 1 2	12:00 /	1)
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8:45	4:30 10, 6 A F(ITA	4 11 L	),1 <del>2</del>
9:00	4:45 10 /2		2,12
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11:00 0,12	7:00 91 12 D	3.00	0,10
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11:30 6, 12	7:30 // /2	2:20	)(7
11:45 (0,1)	7:45 11 1	3:45	017
12:00 10 - 12	8:00 11/2	4:00	10,10
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	olymatures	Television of the second	Signatures
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70-1	- 191ce x-		

INMATE PAY	DC# DP 4246		
STAFF C Toseph PSS	DATE 2/15/02		

		_ *	NOT PRESENT	SLIGHT	MARKED
APPEARANCE		Uncleanliness: of person of cell of clothing			
BEHAVIOR	Doctor- Patient Relation ship	domineering suspicious uncooperative			
FEELING	(Affect and Mood)	blunted sad hostile anxious			
PERCEPTION		illusions hallucinations			
	Insight  LOUIS DELL  LOUIS DEL	difficulty in acknow- ledging the presence of psychological problems. mostly blames others or circumstances for problems			
THINKING OF THE COLUMN	SCI GRATERIA SCI GRATERIA Luamapa SCI GRATERIA	impaired ability to manage daily living activities. impaired ability to make reasonable life decisions.			
	Thought Content	compulsions suicidal ideation homicidal ideation			
falk to - falk to - felp fe He is MR Par psyclulo about	him some	sers asking to Hering Important. widd of hering he on mental h gtive of any m help at this tin begunt to tell	get a offorece psychol earth mo aforpsych ne Inform to he	Sargent I him opieal opatholog ned soft	pupluling problem problem e ceth y need

		Case	e 2:02 <b>-5UP2f</b> I	BESISK	A OTEA OIDM	RECHECIENT	158715/20031	HUFage 108	3 of 153
ΔAAL.	TE NAM	۸E٠	5/00	TOO	Pros.		DOC #: _	DP4D	46
AIAIV		·	<u> </u>		1 110	<del></del>	_		
:HU (	Officer of	comple	eting form (pri	nt):	.t. K.C.	Jones			- ,
lata:	). ).	25-9	9		Time:	0925	_		RECEIVED
ate:		<u> </u>						l rick	AUG 1 7 1999
· (	N)	1.	Escorting offi	cer has in	tormation that	t inmate may	be a suicidal	m self	DICAL S SCI GRATERIOND
' · (		2.					hreats to harr awn, passive		and EuroHD.
,	N	3.	Inmate snow	s signs of ina / talkir	debiession (c	manner (he	aring / seeing	things that	aren't there).
,		4. 5.			under the influ				
,		5. 6.	Inmate has r	ecent fam	ilv change (e.	g., death of c	: :hild/spouse/p	parent or "De	ear John Letter").
,	$\approx$	7.	Inmate has r	ecent lega	al status chan	ge (e.g., parc	ole violation o	r new detain	er).
,	$\langle \mathcal{K} \rangle$	8.	Inmate has b	een assa	ulted (physica	ally or sexuall	y) by another	r inmate.	
,		9.			nostility, and t				
, .	(N)	10.	Inmate appe	ars anxio	us, afraid (pad	cing, wringing	hands).		
,	$\langle \widetilde{N} \rangle$	11.	Inmate displ	ays signs	of self-negled	t or abuse (e	.g., poor hygi	iene or cuts a	and bruises).
′	$\langle \mathbf{N} \rangle$	12.			is / her first pl				
1	$\overline{N}$	13.	Inmate state	s that he	/ she is taking	psychiatric r	medication.		
Com	ments:					•			rought to the RHU. The
esco nma pec nas peha	rting offi te may b ial probl any rece avioral ch	cer will be self- ems of ent lega naracte	I be asked (a) destructive. The r needs of whice status changeristics (e.g., cr	why the in ne inmate h staff sho es (e.g., I ying, poor	nmate is being will be asked buld be aware, Parole violation hygiene, cuts	g brought in a (a) if this is hi (c) if he / she in, detainers). S & bruises) o	s / her first time is on any me The officer or if the inmat	ne in the RHI edication, and will also note e is uncoope	J, (b) if he / she has an d/or (d) whether he / she any special physical arative.
f an	v of item	ns #1 tl	nrough #7 are	checked "	Yes", the RHI	J officer shall	immediately	phone the fo	ollowing staff:
æ.	Betwo RHU be re	een 8:6 and re cordec	00 a.m. and 4:3 eview the check d on form.	30 p.m., nu dist, asses	ursing and Chi ss the inmate,	ief Psycholog and discuss	ist or MHC. If the casewith	Psychologist RHU staff.	Time of assessment wil
7	After the c	hours hecklis	or on weeken	ds, the nu nmate, and	rsing staff and d discuss case	d Shift Comm with RHU st	ander. Nurse aff. Time ofa	e will immedia ssessment w	ately visit RHU to review will be recorded on form
<i>3</i> **	At ar also asse	ny time contac essmer	the inmate app t the Shift Com nt.	ears in im mander, a	mediate dang s well as nurs	er of harming ing staff and (	him / herself o	or somebody ogist or MHC	else, the RHU staffshal to requestan immediate
visi <sup>1</sup> ass	t the RH essment	IU, but t. The							ologist the next time the ote the date and time (wed by PRC). Copies t
Clir	nical Sta	ff Actio	on:						
_									
			•		_				
Dа	te:	· · · · · · · ·			- Tim	e:			
Na	me of C	linical :	staff (printed):				7	Title:	

Case 2:0	2-GURAGERSD INDEATORST CHEEKLIST POR WHO/SAND	Page 109 of 153 Revised (1719/99)
INMATE NAME:	er Completing Form (print): CO # M. A LOPEZ	DOC #: DP 42 / 6
Y (N) 1.	Escorting officer has information that inmate may be a suice	Date: $2-/3-99$ Time: $2/2$
Y (N) 2.	Inmate is expressing suicidal thoughts/making threats to h	•
Y (N) 3.		•
	Inmate shows signs of depression (crying, withdrawn, pass	and the second s
_	Inmate is acting/talking in a strange manner (hearing/seein	g things that aren't there).
Y (N) 5.	Inmate appears to be under the influence of drugs/alcohol.	
Y (N) 6.	Inmate has recent family change (e.g., death of child/spous	e/parent or "Dear John letter").
Y 🔊 7.	Inmate has recent legal status change (e.g., parole violation	•
Y (N) 8.	Inmate has been assaulted (physically or sexually) by anoth	her inmate.
Y (N) 9.	Inmate shows anger, hostility, and threats.	
Y (N) 10.	Inmate appears anxious, afraid (pacing, wringing hands).	1
Y (N) 11.	Inmate displays signs of self-neglect or abuse (e.g., poor hy	ygiene or cuts and bruises).
Y N 12.	Inmate states this is his/her first placement in RHU/SMU.	
Y (N) 13.	Inmate states that he/she is taking psychiatric medication.	
ine escorting off inmate may be so any special problems any recent physical/behavio	te ranking CO present shall ensure that this form is completed when ficer will be asked (a) why the inmate is being brought in and (b) whelf-destructive. The inmate will be asked (a) if this is his/her first tillems or needs of which staff should be aware, (c) if he/she is on ar legal status changes (e.g., Parole violation or detainer). The rall characteristics (e.g., crying, poor hygiene, and cuts & bruises) of through #7 are checked "Yes," the RHU/SMU officer shall immed	nether there is any information that the me in the RHU/SMU, (b) if he/she has medication, and (d) whether he/she officer will also note any specion if the inmate is uncooperative.
will be record		RHU/SMECSTATI/Time of assessme
<ul><li>After hours, of checklist, ass</li></ul>	or on weekends, the nursing staff and Shift Commander. Nurse will sess the inmate, and discuss case with RHU/SMU staff. Time of a	immediately visit PULICALLA sovie
<ul> <li>At any time the also contact assessment.</li> </ul>	ne inmate appears in immediate danger of harming him/herself or so the Shift Commander, as well as nursing staff and Chief Psycholo	mebody else, the RHU/SMU staff sha gist or MHC to request an immedia
assessment. The Medical Record &		inmale and note the date and time
Clinical Staff Ac	tion: Date:	Time:
Name of Clinica	I staff (printed): Title	

se 2:02-cv-02688-S	Document 45-6	Filed 08/15/200
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•	SUICIDI	E RISK INDI	CATORS CHEC	CKLIST FOR	RHU's		5/98
T/IMATE NAI	ME:	. 5,	Pery	····	_DOC #:	DP4246	
RHU Officer (	Completing Fo	orm (print):	R. HILTWER	COTT	Date: 101	/23/98 Time	1044
Y N 1.	Escorting o	fficer has inf	ormation that in:	nate may be a	suicidal ris	k.	
Y M 2.	Inmate is ex	xpressing sui	cidal thoughts/ma	aking threats t	o harm self	•	*.
Y (N) 3.	Inmate sho	ws signs of de	epression (crying,	, withdrawn, p	assive).		•
.Y (N 4.	Inmate is a	cting/talking	in a strange man	ner (hearing/s	ecing things	that aren't the	• . ere).
Y (N) 5.	Inmate app	ears to be un	der the influence	of drugs/alcol	nol.		
Y (N) 6.	Inmate has	recent family	change (e.g., de	ath of child/sp	ouse/parent	or "Dear John	letter").
Y (N) 7.	Inmate has	recent legal s	tatus change (e.g	., parole viola	tion or new	detainer).	
Y (N) 8.	Inmate has	been assaulte	ed (physically or	sexually) by ar	other inma	tc	•
Y (N) 9.	Inmate show	vs anger, hos	tility, and threats	5 <b>.</b>	•		
Y (N) 10.			afraid (pacing, v			•	<i>:</i>
Y 11.	Inmate disp	lays signs of	self-neglect or ab	use (e.g., poor	hygiene or	eus and bruise	ಚ).
Y (N) 12.	Inmate state	es this is his/l	ier first placemen	it in RHU.	No	V 0 2	
Y (1) 13. Comments:	Inmate state	es that he/she	is taking psychic	itric medicatio	n. MEDICAL SÇI G	RECORDS DEPT	
Instructions:  officer will be as The inmate will aware, (c) if he/s The officer will a	sked (a) why the be asked (a) if t the is on any me also note any sp	e inmate is bein his is his/her fi edication, and/o eccial physical/	g brought in and (b) rst time in the RHU, or (d) whether he/sho ochavioral character	whether there is (b) if he/she had had any recent istics (e.g., cryir	s any informal s any special f legal status ch ng, poor hygic	tion that the inma problems or needs anges (e.g., Parol ne, cuts & bruises	RHU. The escorting to may be self-destrated of which staff shouse violation, detained or if the inmate is the following staff:
review the	checklist, asse	ss the inmate,	ng and Chief Psycl and discuss the cang staff and Shift (	ase with RHU:	staff. Time o	of assessment w	iately visit the RH ill be recorded on the

contact the Shift Commander, as well as nursing staff and Chief Psychologist or MHC to request an immediate assessr If any of items #8 through #13 are checked, the form will be submitted to the nurse and/or psychologist the next time the

At any time the inmate appears in immediate danger of harming him/herself or somebody else, the RHU staff shall also

checklist, assess the inmate, and discuss case with RHU staff. Time of assessment will be recorded on form.

visit the RHU, but within 24 hours. The nurse or psychologist will assess the inmate and note the date and time of assessm The completed form will remain in the Cumulative Adjustment Record until reviewed by PRZ. Copies to Medical Record DC-14

Clinical Staff Action: 1011

SUICIDE	RISK INDICATORS	CHECKLIST FOR RHIP'S
	MONTHUIL MONTH	CUPCULIST FOR KHO'S

•	5/98
RHU Officer Completing Form (print):	
RHU Officer (	
Y (N)1.	Escorting officer has information that inmate may be a suicidal risk.
Y (N) 2.	Inmate is expressing suicidal thoughts/making threats to harm self.
Y (N) 3.	Inmate shows signs of depression (crying, withdrawn, passive).
Y (N)4.	Inmate is acting/talking in a strange manner (hearing/seeing things that aren't there).
Y (R) 5.	Inmate appears to be under the influence of drugs/alcohol.
Y (N) 6.	Inmate has recent family change (e.g., death of child/spouse/parent or "Dear John letter").
Y (N) 7.	Inmate has recent legal status change (e.g., parole violation or new detainer).
Y (N) 8.	Inmate has been assaulted (physically or sexually) by another inmate.
Y (N) 9.	Inmate shows anger, hostility, and threats.
Y 10.	Inmate appears anxious, afraid (pacing, wringing hands).
11.	Inmate displays signs of self-neglect or abuse (e.g., poor hygiene or cuts and brikses),
	Inmate states this is his/her first placement in RHU.
_ ( )	Inmate states that he/she is taking psychiatric medication.
Instructions: To officer will be ass The inmate will be aware, (c) if he/sl	ked (a) why the inmate is being brought in and (b) whether there is any information that the inniate may be self-doe asked (a) if this is his/her first time in the RHU. (b) if he/she has any special problems or needs of which was the

rting estructi should ainer). so note any special physical/behavioral characteristics (e.g., crying, poor hygiene, cuts & bruises) or if the inmate is uncooperative.

If any of items #1 through #7 are checked "Yes," the RHU officer shall immediately phone the following staff:

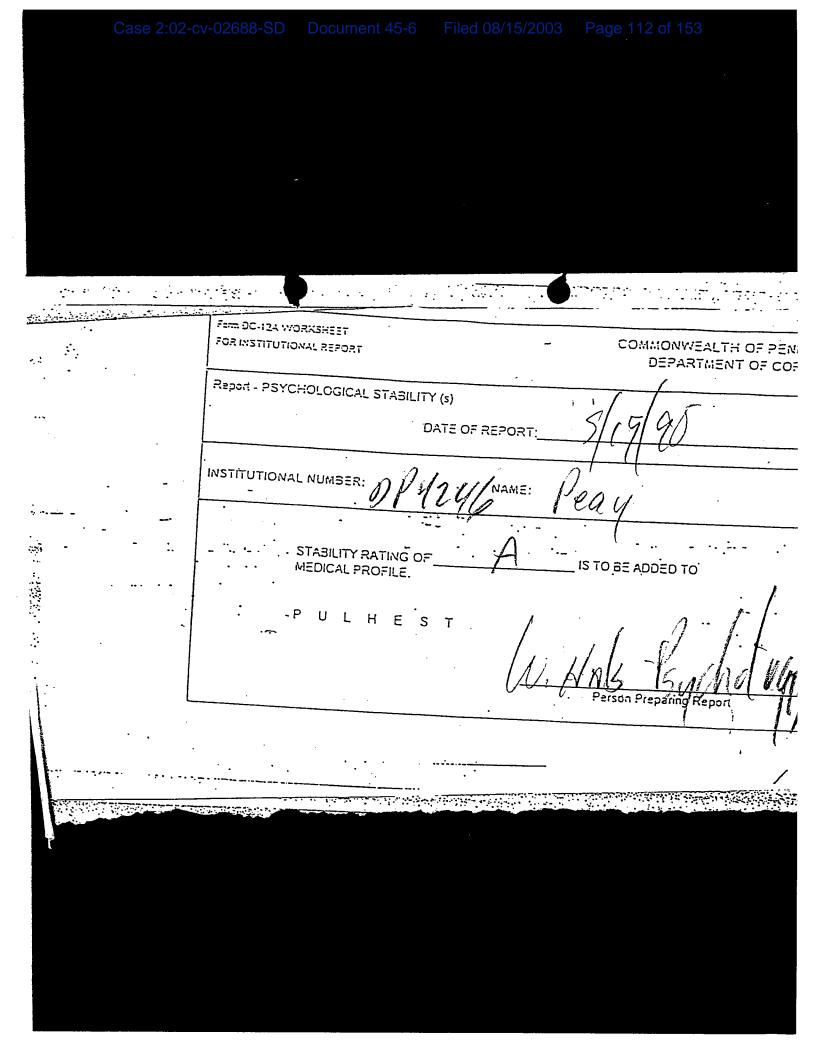
Between 8:00 AM and 4:30 PM, nursing and Chief Psychologist or MHC. Psychologist will immediately visit the RHU review the checklist, assess the inmate, and discuss the case with RHU staff. Time of assessment will be recorded on for

After hours, or on weekends, the nursing staff and Shift Commander. Nurse will immediately visit RHU to review checklist, assess the inmate, and discuss case with RHU staff. Time of assessment will be recorded on form.

At any time the inmate appears in immediate danger of harming him/herself or somebody else, the RHU staff shall also contact the Shift Commander, as well as nursing staff and Chief Psychologist or MHC to request an immediate assessmen

If any of items #8 through #13 are checked, the form will be submitted to the nurse and/or psychologist the next time they visit the RHU, but within 24 hours. The nurse or psychologist will assess the inmate and note the date and time of assessmen The completed form will remain in the Cumulative Adjustment Record until reviewed by PRC. Copies to Medical Record & DC-14

Clinical Staff Action: assessed @ cell standarding. Demanding medical attention for certs not hand, which has been bleeding since treatment today. Wiling obssessible. no self-destructive complaints.  Date: 9/23 Time: 1.535 Name of Clinical staff (printed): Jerold Hurwitz Title: PSS	٠ -
for cuts not hand, which has been bleeding since treatment today a Whin	<del>Д</del>
obsessive. No iself-distructive complaints.	7
Date. 4/23 Time: 1.53 Name of Clinical staff (printed): Jerold Hurwitz Title: PSS	



#### PSYCHIATRIC HISTORY: 13.

None indicated in available records as of 5/19/98.

#### PSYCHOLOGICAL REPORT:

Tests Administered: All tests were administered on 5/19/98.

Revised Beta II Examination (RBE) Jastak Wide Range Achievement Test (WRAT3)

Reading Score:	47	St.Sc. 101	%ile 53	G.E.12.8
Spelling Score:	43	St.Sc. 103	%ile 38	G.E.11.3
Arithmetic Score:	38	St.Sc. 89	%ile 23	G.E. 7

Bender Motor Gestalt (BMG) Projective Drawings (HTP) Personality Assessment Inventory (PAI)

#### Analysis of Intelligence and Intellectual Functioning:

Mr. Peay earned a Beta Quotient of 97. This score falls within the Average range of mental ability according to the Beta II classification. The obtained rating is viewed as a reasonably accurate estimate of his intellectual potential.

#### Analysis of Personality Makeup:

Current test data and interview impression are not reflective of significant psychopathology requiring immediate psychiatric intervention. Indications are of a self-centered, evasive, immature and impulsive individual who is apt to possess a low tolerance for frustration. He is prone to exercise poor judgement as he strives for immediate gratification of his desires without adequate regard for the consequences of his actions to himself or to others. Indications of underlying resentment and hostility creates a potential for acting out behaviors. He appears to place blame for his actions externally and because of this, his motivation for treatment may be low. Interpersonally, his relationships seem to be superficial due to his apparent suspiciousness and resentment of others.

Prognosis for institutional adjustment is guarded. This is Mr. Peay's first state incarceration. As such, he may be vulnerable to more experienced inmates. Participation in ABE/vocational programs, substance abuse counseling and stress/anger management counseling is recommended. Close supervision is advised until a stable adjustment pattern has been established.

> W. Hals Psychologist Licensed #PS008062-L

/bac

1-800-229-LABS

SCI GRATERFORD/PHS D O GRAVEL PIKE AND BRIDGE C 19426 GRATERFORD, PA T 0 Bio-Net Print (P0055-6)

-FINAL- Original Report 06/13/2002

NAME PEAY, STRATTON

DP4246

DR. IACCARINO

201-791-3600

PATIENT I.D. / ROOM NO.

06/12/2002 3:33 6/13/2002 PEPONTO:21 25 AGE

06/12/2002 103417777 Reference Range Abnormal Result Test Description

Tests Ordered : PANEL 2052, ,

·					
		* CH	EMISTRY *		
TOTAL PROTEIN ALBUMIN GLOBULIN A/G RATIO GLUCOSE SODIUM POTASSIUM CHLORIDE CO2 BUN CREATININE BUN/CREAT RATIO LICACIUM URIC ACID IRON BILIRUBIN, TOTAL LDH ALK PHOS AST (SGOT) PHOSPHOROUS ALT (SGPT) G-GTP CHOLESTEROL TRIGLYCERIDES HDL CHOL., DIRECT HDL AS % OF CHOLESTEROL CHOL/HDL RATIO LDL/HDL RATIO LDL/HDL RATIO LDL CHOLESTEROL	MEDICAL RECORDS DEPT. SCI GRATERFORD	8.4 5.0 3.4 1.5 79 141 3.8 101 28 7 0.9 9.7 4.6 102 0.6 130 58 17 3.6 143 85 46 32 3.11 1.74 80	Diagnostic Reports Name: Date / Time: Date / N	3.2-5.2 1.7-3.7 1.1-2.9 70-109 133-145 3.3-5.1 96-108 22-29 7-25 0.4-1.2 10-28 8.4-10.2 2.4-7.0 30-160 0.0-1.0 94-250 39-120	<sub>.</sub> ક

Male / Female CHOL/HDL: (M & F)% HDL: < 3.9 < 4.2 > 25 3.9-5.7 4.2 - 7.315 - 257.4-11.5 5.8-9.0 9-15 > 11.5 > 9.0

BELOW AVERAGE RISK AVERAGE RISK ABOVE AVG. (MODERATE) ABOVE AVG. (HIGH)

\* HEMATOLOGY \*-

3.4

x10(3)3.4 - 11.8

**WBC** 

< 9

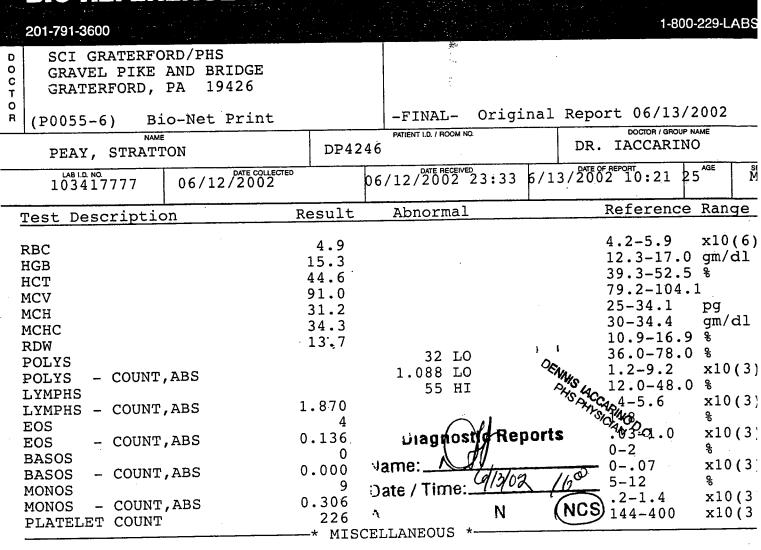
Continued on Next Page

0.27-4.2uIU

25-35%

1.1-4.5

4.0-12.0 ug/dL



NOTE: EFFECTIVE 8/15/01, the 3rd.generation TSH assay (1343) is being performed under test code 0153 (thyroid stimulating hormone). This is a new assay with improved low-end sensitivity, however there will be no change in reference range.

0.716

7.2

2.4

33

Final Report

THY.STIM.HORM.(TSH)

THYROXINE (T4)

FREE T4 INDEX

T3 UPTAKE

1-800-229-LABS 201-791-3600 SCI GRATERFORD/PHS р О GRAVEL PIKE AND BRIDGE C T GRATERFORD, PA 19426 0 Original Report 04/25/2002 -FINAL-Bio-Net Print (P0055-6)DOCTOR / GROUP NAME PATIENT J.D. / ROOM NO. NAME SCI GRATERFORD/PHS DP4246 PEAY, STEATTON 04/24/2002 23:09 4/26/2002 07:31 25 AGE 04/24/2002 103183069 Reference Range Abnormal Result Test Description Tests Ordered : GAMMA-GT (G-GTP), RPR SEROLOGY, , \* CHEMISTRY \* u/L 7-51 G-GTP \* MISCELLANEOUS \*-NON-REACTIVE Non-Reacti RPR

RPR INTERPRETATION:

Low-titer positive RPRs up to approximately 1:8 are usually caused by other, non-specific constituents and are not usually caused by the disease. Confirmation of positive RPRs can only be made by the Serodia-tp confirmation test.

Final Report

RECEIVED

MEDICAL RECORDS DEPT.

SCIGRATERFORD

Date / Time:

A

ELITE FORMS #12 REV. 11/01



1-800-229-LABS 201-791-3600 SCI GRATERFORD/PHS D O CRAVEL PIKE AND BRIDGE GRATERFORD, PA 19426 С T -FINAL- Original Report 08/30/2001 0 Bio-Net Print (P0055-6) DR. D. DOLLACEBOARVANNIO PATIENT I.D. / ROOM NO. DP4246 PEAY, STRATTON U8/29/2010 NECEN 23:56 8/30/2010 PRED 2:20 2/4 AGE 08/27/240 OOLLECTED 102194763 Reference Range Abnormal Result Test Description Tests Ordered: CH24/HDL, CBC W/DIFF, PLATELET CT., URINALYSIS, COMPLETE, LIPASE, AMYLASE, ,

CHEMICTRY \*

Comment: 08-27-01

1. . 0. . . .

		* CHI	EMISTRY *-			
TOTAL PROTEIN ALBUMIN		8:2 5.0	DENNIS IACCARINO D.O. , PHS PHYSICIAN	ı	5.9-8.4 3.2-5.2 1.7-3.7	gm/dl gm/dl gm/dL
GLOBULIN A/G RATIO		3.2 1.6	Diagnosic Repo	rts	1.1-2.9 70-109	UNITS mg/dL
GLUCOSE SODIUM		89 140	Name: Collular	1300	133-145 3.3-5.1	mEq/L mEq/L
POTASSIUM CHLORIDE	DEPT.	4.3 101	Date / Time. — (1 // of	NCS	96-108	mmol/L
CO2	S DE	27 7	Α Ν		)22-29 7-25	mg/dl
BUN CREATININE RIN (CREAT PATIO)	ORD FRF(	0.9	7.8 LO		0.4-1.2 10-28	mg/dl UNITS
BUN/CREAT KATTOLL	MEDICAL RECORDS I SCI GRATERFOR	9.3 3.8	, , ,		8.4-10.2 $2.4-7.0$	mg/dl mg/dl
URIC ACID IRON	ICAL SCI 6	73			30-160 0.0-1.0	mcg/dl mg/dl
BILIRUBIN, TOTAL	MED.	0.3 172			94-250 39-120	u/l u/l
ALK PHOS AST (SGOT)		57 20			< 37 2.6-4.5	u/l mg/dl
PHOSPHOROUS		2.6 20			< 40	u/L u/L
ALT (SGPT) G-GTP		42 142			7-51 < 200	mg/dl
CHOLESTEROL TRIGLYCERIDES		63			< 200 >45F/>35M	
HDL CHOL., DIRECT HDL AS % OF CHOLESTEROI	ı	35			SEE BELOV	V
CHOL/HDL RATIO LDL/HDL RATIO LDL CHOLESTEROL		2.84 1.6 80			0-3.55 < 130	MG/DL mg/dL
		. <u>.                                   </u>	Tomalo			

% HDL:	(M & F) > 25 15-25 9-15	*		< 4.2 4.2-7.3	< 3.9 3.9-5.7 5.8-9.0	BELOW AVERAGE RISK AVERAGE RISK ABOVE AVG.(MODERATE) ABOVE AVG.(HIGH)
--------	----------------------------------	---	--	------------------	-----------------------------	--

Continued on Next Page

Robert L. Rush Ph.

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201-791-3600  SCI GRATERFORD/PHS** GRAVEL PIKE AND BRIDGE GRATERFORD, PA 19426		1-800-229-LABS
T O Bio-Net Print	-FINAL- Original Re	port 08/30/2001
PEAY, STRATTON	DP4246 PATIENT I.D. / ROOM NO.	R. D. DOTACCARTIO
102164763 08/27/2404	CTED 08/29/2000 EDEIVED 3:56 8/30/20	And Age Me
Test Description	Result Abnormal	Reference Range
Test Description		
	* HEMATOLOGY *	·
	<u> </u>	10/2
WBC	5.0 PHS PHYSICIAN D.C.	$3.4-11.8 \times 10(3)$
RBC	5.0 15.0	4.2-5.9 x10(6) 12.3-17.0 gm/dl
HGB		39.3-52.5 %
HCT	45.2 Diagnostic Reports	79.2-104.1
MCV	30.3	25-34.1 pg
MCH	30.2 Date / Time: \( \frac{9}{40} \) (30.0	30-34.4 gm/dl
MCHC	33.2 A	10.9-16.9 %
RDW	14.2 N NCS	
POLYS - COUNT, ABS	0.576 LO	$1.2-9.2 \times 10(3)$
POLYS - COUNT, ABS LYMPHS	59 HI	12-48 %
LYMPHS - COUNT, ABS	1,416	.4-5.6 x10(3)
EOS	5	1-8 % .03-1.0 x10(3)
EOS - COUNT, ABS	0.120	0-2 %
BASOS	1	$007$ $\times 10(3)$
BASOS - COUNT, ABS	0.024	5-12 %
MONOS	11 0.264	$.2-1.4 \times 10(3)$
MONOS - COUNT, ABS	220	$144-400 \times 10(3)$
PLATELET COUNT	* URINALYSIS *	
	•	STRAW/CLEAR
COLOR/APPEARANCE	Yellow/Clear	1.000-1.050
SPECIFIC GRAVITY	1.010	5.0-9.0
PH	7.000	NEGATIVE
PROTEIN, URINE	NEGATIVE NEGATIVE	NEGATIVE
GLUCOSE, URINE, QUAL.	NEGATIVE NEGATIVE	NEGATIVE
KETONE, QUAL.	0.2	0-2 UNITS
UROBILINOGEN BILIRUBIN, URINE	NEGATIVE	NEGATIVE
BLOOD, URINE	NEGATIVE	NEGATIVE
NITRITES	NEGATIVE	NEGATIVE NEGATIVE
LEU.ESTERASE	NEGATIVE	0-3 PER H
WBC, URINE	NONE	0-1 PER H
RBC, URINE	NONE	0_9 Ŭ
EPITHELIAL CELLS, URINE	NONE NONE	NONE U
CAST, HYALINE, URINE	NONE	NONE U
CAST, GRANULAR, URINE	NONE	NONE U
CAST, RBC, URINE BACTERIA, URINE	OCCASIONAL	NONE U
BACIERIA, ORINA	Continued on Next Page	

Robert I Ruch Ph.

# BIO-REFERENCE ABORATORIES

LIPASE, SERUM



48 EDWARD H. ROSS DR. ELMWOOD PARK, N.J. 07407

1-800-229-LABS

201-791-3600 SCI GRATERFORD/PHS D 0 C GRAVEL PIKE AND BRIDGE GRATERFORD, PA 19426 T Original Report 08/30/2001 -FINAL-Bio-Net Print (P0055-6) PATIENT I.D. / ROOM NO. DP4246 PEAY, STRATTON 8/30/20 POL REPORT : 20 24 AGE 08/29/20e0ebeiv23:56 08/27/24 COLLECTED 10-291-1964763 Reference Rang <del>Abnormal</del> <del>Result</del> Test Description SMALL AMOUNT NONE MUCUS, URINE <100 U/L 67 AMYLASE, SERUM 0-190 U/L 55

Final Report

DENNIS IACCARINO D.O. PHS PHYSICIAN

Diagnostic Reports Name:

Date / Time: Α

Robert L. Rush Ph. L

## BIO-REFERENCE ABORATORIES

201-791-3600



461 EDWARD H. ROSS DR. **ELMWOOD PARK, N.J. 07407** 

1-800-229-LABS

SCI GRATERFORD/PHS D GRAVEL PIKE AND BRIDGE 0 C GRATERFORD, PA 19426 T Original Report 07/19/2001 -FINAL-Bio-Net Print (P0055-6)DR. AKBERZIE PATIENT I.D. / ROOM NO. **DP4246** PEAY, S 7/19/200 PFF 074:01 24 AGE D7/17/2009 1VE 22:39 07/17/2TO CLIECTED 101966525 Reference Range Abnormal Result Test Description Tests Ordered : H. PYLORI ANTIBODY PANEL, SEE BELOW 0.23 H.PYLORI AB., IGG SEE BELOW H.PYLORI AB., IGA SEE BELOW 0.77 H.PYLORI AB., IGM

H.PYLORI (IgG, IgA, IgM) REFERENCE RANGES: (previous ranges) <12.6 units <0.89 UNITS NEGATIVE 12.6-20.0 units 0.89-0.99 UNITS EQUIVOCAL >20.0 units >0.99 UNITS POSITIVE

NOTE: This is a screening test for H.PYLORI and the diagnosis of gastritis and peptic ulcers should be assessed with the patients medical history and clinical symptoms. Results in the equivocal range should be rechecked with a new specimen in 2-5 weeks.

NOTE: H.Pylori Antibody, IgA (test#1766) is for RESEARCH USE ONLY. This assay is NOT for use in Diagnostic Procedures.

Final Report

RALPH W SMITH MO

Magnostic Reports

Date / Time: 4 NCS

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JUL 2 3 2001
EDICAL RECORDS DEPT.

T. Chol/HDL Ratio

Estimated CHD Risk

(The CHD Risk is based on the

T.Chol/HDL Ratio. Other factors

affect CHD Risk such as hyper-

## LABORATORY CORPORATION OF AMERICA

SPECIMEN 313-142-3262-0	142-3262-0 S RN COMPLETE		US Page #:	1	
	A	DDITIONAL INFO	RMATION		
BEKER		DOB: 11/04/19	976		
PATI	ENT NAM	E	SEX A	GE(YR/MO	S.)
PEAY,DP 4246	<u> </u>		М	24 /	
PT. ADD.:					
DATE OF SPECIM	EN TIM	E DATE RECEIVE	D DATE REPOR	TED TIME	
		11/09/2000	11/09/2000 11/09/2000		2293



CLIÑ	CAL INFORMATION CD- 52497214728	1 .
PHYSICIAN ID. BEKER	ID.	
	TE 29 PO BOX 244 TERFORD PA	19426-0000
	LIMITS	LAB

.0 - 1.0

Women

3.3

T. Chol/HDL Ratio

Men

3.4

TEST	RES	ULT	LIMITS	LAB
CMP12+LP+TP+TSH+6AC+CBC/D/Plt		•		RN
CHEMISTRIES	89	mg/dL	65 - 109	RN
Glucose, Serum	4.5	mg/dL	2.4 - 8.2	RN
Uric Acid, Serum	**Please	Note Reference	: Interval Change	: *
•	*	/ AT	1 1 5 - 26	RN
BUN	10	mg/dL	.5 - 1.5	RN
Creatinine, Serum	.9	mg/dL	.5 2.0	
BUN/Creatinine Ratio	11	/ -	135 - 148	RN
Sodium, Serum	144	mEq/L	3.5 - 5.5	RN
Potassium, Serum	4.4	mEq/L	96 - 109	RN
Chloride, Serum	105	mEq/L	8.5 - 10.6	RN
Calcium, Serum	9.4	mg/dL	2.5 - 4.5	RN
Phosphorus, Serum	3.2	mg/dL		RN
Protein, Total, Serum	7.9	g/dL	6.0 - 8.5	RN
Albumin, Serum	4.7	g/dL	3.5 - 5.5	KIN
Globulin, Total	3.2	g/dL	1.5 - 4.5	
A/G Ratio	1.4	•	1.1 - 2.5	
Bilirubin, Total	.5	mg/dL	.1 - 1.2	RN
Alkaline Phosphatase, Serum	67	IU/L	25 - 150	RN
	124	IU/L	109 - 250	RN
LDH	19	IU/L	0 /-/45	RN
AST (SGOT)	24	IU/L	/ 0/// 50	RN
ALT (SGPT)	53	IU/L	/ <b>:</b> ///-/85	RN
GGT	99	mcg/dL	Diagnestic Rep	orisn -
Iron, Serum	**D] eag	e Note Refere	menterval Change	** / 0
	Ticab		ate / Time:	<i>0</i> ) ·
	•	A	N	RN RN &S
LIPIDS				/ ~
Cholesterol, Total	134	mg/dL	100 - 199	RN (
Triglycerides	55	mg/dL	0 - 199	RN
HDL Cholesterol	41	mg/dL	35 <i>-</i> 150	RN /
VLDL Cholesterol Cal	11	mg/dL	5 - 40	
LDL Cholesterol Calc	82	mg/dL	0 - 129	. /
LDL Cholesterol Calc	3 2	Ratio Units	.0 - 5.0	Emra Bak

3.2

< 0.5

Ratio Units

Times Avg:

1/2 Avg.Risk

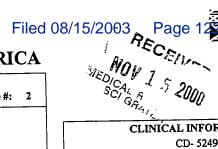
Avg.Risk

RNRN

RN

### LABORATORY CORPORATION OF AMERICA

SPECIMEN 313-142-3262-0	TYPE "	PRIMARY LAB	REPORT ST COMPLE	- 1	Page#:	2
	A	DDITIONAL INFO	RMATION			
BEKER		DOB: 11/04/19	76	<u>.                                    </u>		
PATIE	E	SEX A		GE(YR./MOS.)		
<b>PEAY,DP 4246</b>			M 24			
PT. ADD.:						
DATE OF SPECIME	N TIM	DATE RECEIVE	D DATE RE	PORTED	TIME	Γ_
11/08/2000	9:00	11/09/2000	11/09/2000 11/09/200		0:00	229



CLINIC	CAL INFORMATION	I								
CD- 52497214728										
PHYSICIAN ID. BEKER	ID.									
	E 29 PO BOX 244 ERFORD PA	19426-0000								
LIMITS LAB										

severe obesity, and family history of premature CHD.)

TSH, High Sensitivity, Serum

**TEST** 

THYROID

2X Avg.Risk 9.6 3X Avg.Risk 23.4 11.0

	1011, 0111311 11 11	7	Male :	, Female	
		1- 30 days	0.52 - 16.00	0.72 - 13.10	
	•	1 mo-5 yrs.	0.55 - 7.10	0.46 - 8.10	
		>5 yrs.	0.35 - 5.50		
		/5 /20·	*		
	Thyroxine (T4)	7.0	mcg/dL	4.5 - 12.0	PAN .
	T3 Uptake	30	ક	24 - 39	RN
	Free Thyroxine Index	2.1		1.2 - 4.9	25KONTAD
	Free Invioxine index			Emre	Beken MD
	CBC, PLATELET CT, AND DIFF			Media	akDirector
	White Blood Cell (WBC) Coun	t 3.4L	X 10-3/uL	4.0 - 10.5	RN
>		4.91	X 10-6/uL	4.10 - 5.60	RN
	Red Blood Cell (RBC) Count	15.2	g/dL	12.5 - 17.0	RN
	Hemoglobin	44.7	8 8	36.0 - 50.0	RN
	Hematocrit	91	fL	80 - 98	RN
	MCV			27.0 - 34.0	RN
	MCH	31.0	pg ~/dT	32.0 - 36.0	RN
	MCHC	34.1	g/dL	11.7 - 15.0	RN
	RDW	12.5	% * 10 2/01	140 - 415	RN
	Platelets	226	X 10-3/uL	40 - 74	RN .
>	Polys	31 L	8	14 - 46	RN
>	Lymphs	56 H	8		RN
•	Monocytes	8	%		RN
	Eos	4	ફ		•
	Basos	1	*	0 - 3	RN
>	Polys (Absolute)	1.1L	X 10-3/uL	1.8 - 7.8	RN .
	Lymphs (Absolute)	1.9	X 10-3/uL	.7 - 4.5	RN
	Monocytes (Absolute)	.3	X 10-3/uL	- 1.0	RN
	Eos (Absolute Value)	.1	X 10-3/uL	[.0]4	RN
	Baso (Absolute)	.0	X 10-3/uL	$//_{10}2$	RN
	Daso (ADSOIGCE)				

RESULT

.94

mcIU/mL

LAB: RN LABCORP RARITAN

NJ 08869-0000 69 FIRST AVE, RARITAN,

nostic Reports

Date / Time:

Results are Flagged in Accordance with Age Dependent Reference Ranges Last Page of Report

DIREC

**LABORATORY REPORT** Filed 08/15/2003 Page 123 of 153

19426001 AREA/ROUTE/S) ...: AO-CH SCI GRATERFORD

PO BOX 246

GRATERFORD, PA 19426

SB SmithKline Beecham Clinical Laboratories

PHYSICIAN SEX ROOM NO. AGE ATIENT NAME SC1GR2693 22 M KULAYLAT SCIGR2693, 2693 & TIME COLLECTION DATE & TIME LOG-IN-DATE REPORT DATE AGE REQUISITION NO. ACCESSION NO. LAB REF. # 05041999 10:40 05051999 05061999 KP267149P 0014843 7:266 0014843

REMARKS

EASTE TIN

REPORT STATUS FINAL TEST IN RANGE OUT OF RANGE

Date of Birth: 11/04/1976
A COPY OF THIS REPORT HAS BEEN SENT TO: CONTRACT LABORATORY SCVS, INC.

HIV-1 AB SCREEN

NON-REACTIVE

NON-REACTIVE

\*\*\*NOTE: A NON-REACTIVE RESULT INDICATES THAT HIV1 (HTLV-III)

ANTIBODIES HAVE NOT BEEN FOUND IN THIS PATIENT SPECIMEN.

A NON-REACTIVE RESULT, HOWEVER, DOES NOT PRECLUDE

PREVIOUS EXPOSURE OR INFECTION WITH HIV1.

>> END OF REPORT - SCIGR2693, 2693 KP267149P ((

Diagnostic Reports

Name: Do- Kan

Date:

10199 120 P.14

1437 DEKALB ST - STE 102 NORRISTOWN, PA 19401

NCS

A-Requires A DC78 SOAP Note

Case 2:02-cv-02688-SD Document 45-6 19426001 AREA/ROUTE/S : AD-CH SCI GRATERFORD

SCI GRATERFORD PO BOX 246 GRATERFORD, PA 19426 Filed 08/15/2003 Page 124 of 153



PERY, DP4246		PATIENT ID DF4246		ROOM NO.	AGE 22	SEX M		SICIAN DLOMONE		
AGE 1	REQUISITION NO. 0009613	ACCESSION NO. KP383783M	LAB REF. # 0009613	COLLECTION DATE		LOG-II	1519	99	REPORT DATE 01191999	& TIME 11:16F
REN	MARKS	<u> </u>								EASTER

EASTERI TİME

			•		TIME
REPORT STATUS FINAL	TEST IN RAN	RESULT GE OUT OF RAN	GE UNITS	REFEREN RANGE	
Date of Birth: 11/04 A COPY OF THIS REPOR	/1976 RT HAS BÉEN SENT	1437 D	CT LABORATORY EKALB ST - STI TOWN, PA 1940	102	
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
OVA & FARASITES, FEO STATUS: CONCENTRATE RESULT	FINAL C:NO PARASITES SE		Diagno  Namo:  Data:  A	stic Reports	KF
TRICHROME RESULT:	NO WHITE BLOOD C NO PARASITES SEE NO WHITE BLOOD C	EN		CCA SOAP N	NCS lote
CULTURE, STOOL (SAL/SHIG/CAMPY)			Miguel Salon CPS Phy	sician	KI
SOURCE: STATUS: RESULT:	BOWEL FINAL NO ENTERIC CAMPY SPECIES ISOLATED	YLOBACTER, ).	SALMONELLA OF $\kappa^{\epsilon}$	18 0 9 1999	
>> END OF	REPORT ((		MEÜ	CAL GRATER OND	

F	**************************************		;
Naraci -		.,	
Dato:			NOS
A	i	472 SOAP	
A-Req	uires a Do	472 001 11	• • -

Case 2:02-cv-02688-SD Document 45-6 Filed 08/15/2003 Page 125 of 153

## CONTRACT LABORATORY SELVICES, INC.

John J. Zaro, D.O., PhD. - Medical Director 1437 DeKalb Street, Suite 102, Norristown, Pennsylvania 19401 Phone:(610)239-5071 Fax:(610)239-5079

Name: FEAY ID: DF4246 DOB: 11/04/76 Sex: M

#### SCI GRATERFORD

Physician: SOLOMON Drawn: 01/11/99

Test Name		lag Units	Kange **********
******	********	****	
CBC		) 1	
WBC RBC Hgb HCT MCV MCH MCHC RDW PLT POLY % LYM % MONO % POLY ABSOLUTE LYMPH ABSOLUTE MONO ABSOLUTE	4.6 4.69 15.0 41.6 89 32 36 12.4 274.0 35.4 52.9 11.7 1.7	K/UL M/UL G/DL % FL PG % % K/UL K/UL K/UL K/UL	(4.2-10.5) (4.5-6.30) (14-18) (40-52) (80-97) (27-34) (31.5-36) (11.5-14.5) (140-440) (45-70) (22-44) (4-12.9) (1.5-7.8) (1.5-4.1) (0.2-1.3)
*** Other *** H. Fylori	NEG	+/-	No Range)
•		+/- RECE	142
	Medica Name:		9 1999 ECORDS DEPT ALTERFORD

Primary Instrument Operator: L MCGREGOR, MT Signature: Date: 01/12/99 Page: 1 Time: 16:32:22

Kan

LHOT PHOE OF REPORT ..

Case 2:02-cv-02688-SD Document 45-6 Filed 08/15/2003 Page 126 of 153

JERSEY SHORE HOSPITAL LABORATORY

CHEM

1 2 MAY 19

JERSEY SHORE, PA 17740

PHONE: 717-398-1442 05/08/98 DANIEL HILL, M. D. - DIRECTOR 5:03

\*\* FINAL REPORT \*\*

MR #: 922542 ID #:98232891 NAME: PEAY STRATTON

SEX: M AGE: .21 LOC: SCI-CAMP HILL D ROOM:

D. D. B. 11/04/76 DR: LASKEY, MARTIN (CAMPH

COPY TO DR.LASKEY, MARTIN (CAMPHILL/DCC)

COLLECTED: 5/07/98 06:35 S2 ACCESSION #:8127-GL2213

RECEIVED: 5/07/98 17:39 SLJ

(1 ) LYMPHOCYTOSIS

COMPLETED: 5/07/98 22:13

PATIENT'S #: DP4246 CHARDS COMMENT: FAST NOT SIGNIFICANT WILESS

EXPECTED RANGE RESULT UNITS PROCEDURE CHEMISTRY PROFILE HEALTH PROFILE #3 3.5 L/ X 10^3 4.5-11.0 SE WBC SE X 10^6 4.20-5.40 4.93 RBC 13.0-17.0 SE 15.1 <u>g/dl</u> HGB HCT 44.4 % 38.0~52.0 SE  $um \triangle 3$ 90.2 80.0-100.0 SE MCV 26.0-33.0 SE 30.7 MCH рg SE 32.0-36.0 g/dlMCHC 34.O 11.0-15.0 SE 12.3 % RDW 150-450 SE PLT 216 X 10^3 um^3 7.4-10.4 SE MPV 9.3 52.1 H (1) / 20.0-45.0 SE LYMPH % 1 1.0-12.0 SE 10.7 MONO % 55.0-75.0 SE 33.1 L 1/-NEUT% % SE 3.8 0.0 - 4.0EOS% 0.0 - 1.0SE 0.3 % BASO% X 1013 1.8 1.0-4.5 SE LYMPH # X 10^3 SE 0.0-0.8 0.4 # ONOM SE NEUT# 1.2 L X 10^3 2.0-7.7 X 1013 0.0 - 0.7SE 0.1 EOS SE X 10^3 0.0 - 0.20.0BASO mq/dl 70-105 MB 79 GLUCOSE MB 137 mEq/l 133-145 SODIUM MB 3.9 mEq/L 3.3-5.1 POTASSIUM 96-108 MB 103 mEq/L CHLORIDE 22-29 mmo1/L MB CARBON DIOXIDE 26 8.4-10.2 MB 8.8 mg/dl CALCIUM 2.6-4.5 MB 3.4 mg/dl PHOSPHORUS 94-250 MB 131 U/L LDH U/L 0~37 MB 19 SGOT/AST MB 25 U/L 0 - 40SGPT/ALT MB 75 U/L 39-117 ALK PHOS 48 U/L 11-51 MB GGT

CONTACT AND CONTRACTOR OF THE

Case 2:02-cv-02688-SD Document 45-6 Filed 08/15/2003 Page 127 of 153

JERSEY SHORE HOSPITAL LABORATORY 1020 THOMPSON ST. JERSEY SHORE, PA 17740-0689 05/08/98 DANIEL HILL, M.D. - DIRECTOR 5:03 \*\* FINAL REPORT \*\* MR #:922542 ID#:98232891 NAME: PEAY STRATTON AGE: 21 SEX:M LOC: SCI-CAMP HILL D ROOM: D. O. B. 11/04/76 DR: LASKEY, MARTIN (CAMPH) COPY TO DR. LASKEY, MARTIN (CAMPHILL/DCC) PATIENT'S #:DP4246AICHARDSIST COLLECTED: 5/07/98 06:35 S2 SLJ RECEIVED: 5/07/98 17:39 COMPLETED: 5/07/98 22:13 REVIEWED BY NOT SIGNIFICANT UNLESS TO COMMENT: FAST RESULT UNITS 'EXPECTED RANGE PROCEDURE MEALTH PROFILE #3 Continued ΜB 0.0 - 1.0mg/dl TOTAL BILIRUBIN 0.6 MB 0.0 - 0.30.1 mg/dl DIRECT BILIRUBIN MB 10 mg/dl 6-19 BUN mg/dl 0.5 - 1.2MB 0.7 CREATININE 3.4-7.Q MB mq/dl 5.2 URIC ACID 5.9-8.4 MB G/DL TOTAL PROTEIN 7.6 3.2-5.2 MB 4.8 g/dl ALBUMIN 0-200 MB 129 mo/dl CHOLESTEROL mg/dl 25-200 MB 75 TRIGLYCERIDE 2.3~5.3 MB g/dl 2.8 GLOBULIN MB 1.06-1.95 1.71 A/G RATIO ΜB NONREACT ~ **₩**RFR SH YELLOW COLOR SH CLEAR APPEARANCE SH NEGATIVE GLUCOSE SH NEGATIVE BILIRUBIN SH NEGATIVE KETONE SH 1.020 SP.GR. SH 4.5-8.0 6.5 рΗ SH PROTEIN NEGATIVE SH EU/dl 0.2 UROBILINGGEN SH NEGATIVE NITRITE SH NEGATIVE BLOOD SH TRACE A ~ LEUK. ESTERASE

Pote

POWERFUL OR INCOME.

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05 <u>/08/</u>	.O.0					7740-0689			URINE	- 1	Ł
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	URINE			5-10		/hpf				SH	
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PATIENT

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INFORMATION

FRAME!

R No.

DATE RECEIVED

DATE COMPLETED

BILLING DATE

DISTRIBUTION: WHITE - INVOICE CANARY - CUSTOMER PINK - LAB OFFICE GOLDENROD - SENDING INSTITUTION

Date 3/22/01 Time History History				
	J. J.		_ O.S	
Ophthalmoscopy		; <b>1</b>	· · · · · · · · · · · · · · · · · · ·	
Remarks Re- Em Zn		Tonometry		
Phoria Hor	•	s +075	Nearam Troppanuer M.D.	
DC-451  COMMONWEALTH OF PENNSYLVANIA  DEPARTMENT OF CORRECTIONS  OPHTHALMOLOGIC/OPTOMETRIC  EXAMINATION RECORD	Inmate Name: Inmate Number: DOB: Institution:	Peay DP 4246	Optometry	

## TELEBINOCULAR/AUDIOGRAM TESTING

Date: SISIOS Pass Fail														
Depth Percep	tion	•	<u>-</u>	<u> </u>	•	XVV								
Color Percep	tion		_		. •									
(Any	failure	e of depti	h or col	lor perc	eption	shoul	d be	reflec	ted in	the PU	JLHES'	T rating	g.)	
ACUITY TE Acuity Value			Bo	th Eves	i.	Right Eve					Left Eye			
Far Point			$\mathcal{X}$	06 <sub>K</sub>			8	<u>Ú</u> 2	<u> </u>		20	130		
Near Point TESTED			<u>ə</u>	<del>o</del> sc	) <del>,</del> .		<u> </u>	92	Ď		<u>X</u>	130		
With Glasses/Contacts Without Glasses/Contacts														
(If acuity value of either or both eyes is above 20/40 then the inmate should be referred to optometrist)														
Date:AUDIOGRAM														
	r		125	250	500	750	1000	1500	2000	3000	4000 6	8000		
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Hearing Threshold Level in dB	10												·	10
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Telebinocular/Audiogram Testing Commonwealth of Pennsylvania **Department of Corrections** DC-

Inmate Name:

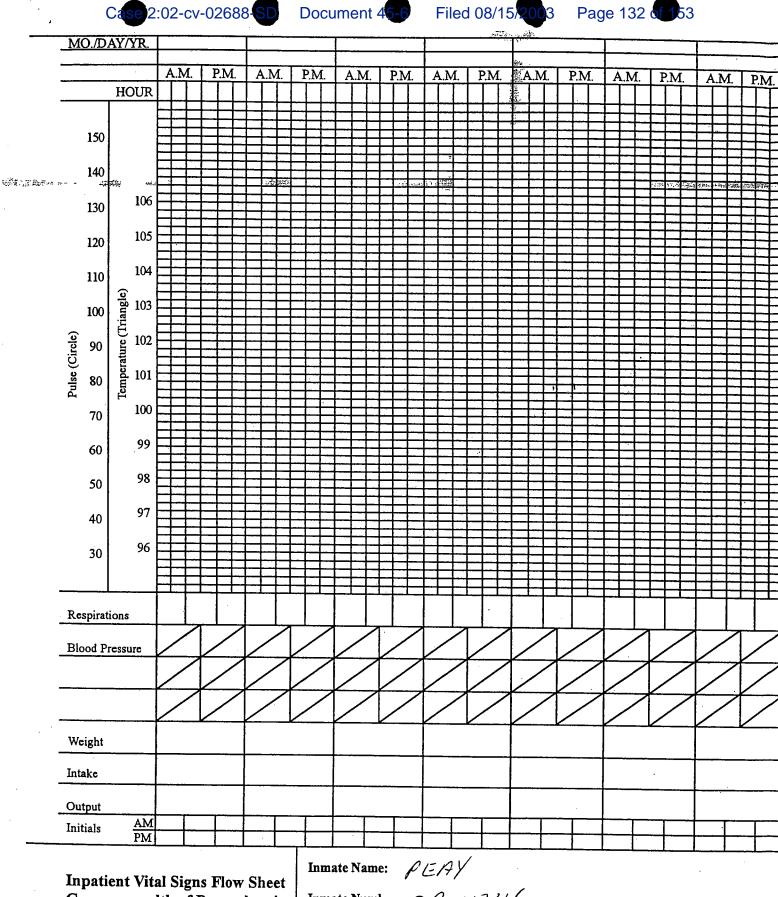
Peay, Stratton

Inmate Number:

DOB:

Institution:

DP 4246 111476 Scic



Inpatient Vital Signs Flow Sheet Commonwealth of Pennsylvania Department of Corrections DC-475

Inmate Number: DP 4246

DOB:

Institution: 50/ GRA

MEDICAL RECORDS DE.

## INDIVIDUAL TREATMENT PLAN

	(1) Name	100	•
	5 Peay	(2) OC#	(3) Assigned PSA
	(4) ICS Code   (5) GAF	DP-4246	R.Labre
	NONE KAN-	(6) Assigned Psychiatrist  Or. Hennykon	THE adjune
	(7) Date of Last Treatment		
	(8) Proclems & Goals	(9) Treatment Objectives	
	(Minimum of 2)	(Observable & Measuragie)	(10) Objectives
	NO indications	( Micasuradie)	Target Date
	from whive or	Cleared for	
	any psychranic/		NOWE
		discharge by	
	psychological probini	Partinxa	
	Mr. Pear again	139010.5	٠.
Ì	Cas in 6/25/02) tord		j t
-	Sturt be was suicided		
1	to intimuse to		•
	to intismust to		
L	discus marajombini		
	Tresiment Modelities	Projected Farm	
Ţ	Check All That Apply	Projected Frequency & Duration of Treatment	(11) Anticipated Length of
İ	•	Open / I To i / I To i	Treatment
-	(12) Individual	wk July 2 Officerivic.	linia a
	(13) Group		Up to 3 Mos.
İ	1		Up to 6 Mos.
			More than 1 Year
	14) Emoloyment		
	15) Education		·
Ц	16) Other (Specify)		. •
		Review/Updates	
5	Paview sad Indo-	- Pages	
•	to now and Opdate Treatment	Plan on a new form as follows:	
1	. Initial Review (to be complete	-d	COL June Offi
2	SNU reviews a minimum of a At the request of the Unit At-	ed within 14 days of admission).	RIC WILL ORDSRD
3	. At the request of the Unit Ma	nie every 120 days. Dader	In Statistics
	Relation		CALGRAIL
-	117 Class Sign	<u> </u>	MEDISOI C
,	(17) Client Signature/Date	(19) Counselor Signa	RECEIVED  ARCORDS DEPT.  ARCORDS DEP
	malh	, ,	illre Date
	Tober Lalen -7/16/	24/01/1/	
(	18) Psychology Staff/Date	Violet N. Henglan, V.O.	•
•	Signature	20) rsychiamst Signature/Date (21) U	nit Manager Signature/Date
		~ 07/16/02	

13.8.1, Access to Mental Health Care Procedures Manual Section 5 - Special Nood- !! ...

INPATIENT UNIT NURSING CARE PLAN Admission Date 6/34/62 Discharge Date\_

Diagnosis ...

RESOLVED/ CHANGED DATE Tabilize ablud OBJECTIVE AND/OR EXPECTED OUTCOME NURSING INTERVENTION 4 Meds 4 eval Med. eval PROBLEM OR NURSING DIAGNOSIS Please remember that each entry must be signed. DATE

1 1

# RELEASE FROM RESPONSIBILITY FOR MEDICAL TREATMENT

\_\_\_\_\_, an inmate at S.C.I.\_ (Inmate's name) have been advised by the physician named below that I am in need of medical treatment for: I understand the nature of the treatment is: (Attending physician: Give brief description of the medical treatment required, and the possible consequences of this inmate not receiving it.)

I hereby refuse this treatment. I have been fully advised of the nature of my ailment or injury and fully realize the effects that may result from my refusal to accept the prescribed treatment. I hereby release the attending physician, and the institution from all legal responsibility for any ill effects which may result from my refusal to accept medical treatment.

In signing this I certify that the above has been read and fully explained to me. RALPH W. SMITH, MD

MEDICAL DOCTOR Inmate Signature Date Physician Signature

Witness Signature Date

Release from Responsibility for Medical Treatment Commonwealth of Pennsylvania Department of Corrections DC-462

Inmate Name

DP 4246

DOB:

5016 Institution:

JAN - 7 2001

Date

Date

MEDICAL RECORDS DEPT SCI GRATERFORD

RELEASE FROM RESI	PONSIBILIT	Y FOR MEDICAL TREATM	MENT
PEAV	, an in	mate at S.C.I. Graferes	`
(IRIMIES name)		(Institution) nat I am in need of medical treatme	· ·
V-PAU (VIIP)		at I am mineed of medical freatme	nt for:
- A MY ( MUD)			
understand the nature of the treati eatment required, and the possible conse	ment is: (Attending	g physician: Give brief description of the r	nedical
The possible consc	equences of this inm	ate not receiving it.)	
	•	i	
		ised of the nature of my ailment or	
Inmate Signature	31.01	SAMUEC KOTO	<del></del>
	Date	Physician Signature	Date /
Witness Signature	31.01 Date	Sotto	12/3/6/
o ignaturo/	Date	Witness Signature	Date /
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elease from Responsibility for	Inmate Name	DEAY DP4246	e de la companya del companya de la companya del companya de la co
ledical Treatment	Inmate Number	DP'4246	102 2001 GOE
ommonwealth of Pennsylvania epartment of Corrections	DOB:	c Cit	114
C-462	Institution: S(	OTO REC	" 0 5 Jan.
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RE: HIV CONSENT FORM
PENNA. DEPT. OF CORRECTIONS
SCI/GRATERFORD
Page 2 of 2

#### COMMENT

I have read or someone has read to me the information on this form. I have received an explanation about this information. I have also been given or offered information about ways to prevent infecting myself and others with the HIV virus. I have had a chance to ask questions and those questions have been answered to my satisfaction. I request that a sample of blood be taken from me and tested for HIV antibodies. I have been told how I will receive my test results and I agree to receive my results that way.

The fact that I have been tested and my results, together with any information that identifies or can be used to identify me, are confidential and, except as otherwise permitted by law, will not be given to anyone without my signed permission.

************	****************	****
INFORMATION ON PERSON REQUESTING	AN HIV ANTIBODY T	EST (PRINT)
Last Name First Name MI	Birthdate	76 22 Age
SC//Graterford	) P424C	
Institution	nate Number	
Graterford RECEIVED Montgomery	РА	19401
City JUN 0 2 1999 County	State	Zip
MEDICAL RECORDS DEPT SCI GRATERFORD		
XCRA	5-	Y-004.
Signature of Person Consenting to the Test	•	Date
M Receichenne	ra _	

I hereby authorize the performance upon STRATT	Name of Patient
of the following procedure Removers of Name or descriptions	ription of operation or other procedure to be performed
To be performed under the direction of Dr	C HEFFERNAN RAC
I acknowledge that the nature of such operation or proced explained to me. I also acknowledge that no guarantee has which may be obtained.	ure, its seriousness and probable outcome have been been given to me by anyone concerning the results
I understand that in consenting to the performance of this procedures which are ordinarily incident to the procedure be considered advisable.	operation or procedure, I am authorizing as well all including the administration of such anesthetics as may
I consent to the disposal by medical department authorities	s of any tissues or parts which may be removed.
I consent to the performance of operations and procedures which the above named doctor or his associates or assistant of the operation.	in addition to or different from those contemplated
	a. PEAY DP 4246
	Patient or person authorized to consent for patient
	·
Witness	
NEIL HEFFERNAN, PA-C	
PHYSICIAN ASSISTANT - WHS	Relationship to Patient of person signing if other than Patient
	•
	Institution SCI CAMP MU
	Date 7-21-98
	Date
DC-77	Inmate Identification
	•
COMMONWEALTH OF DENNOVIVANIA	D.O.B. 11-4-76
COMMONWEALTH OF PENNSYLVANIA	SSN
DEPARTMENT OF CORRECTIONS	
CONSENT TO OPERATION OR	Inst. No. DP- 1
OTHER MEDICAL PROCEDURES	Inst. No. DP-4246 Name PERS, STRATFUR

### SELF-MEDICATION DISTRIBUTION PROGRAM INSTRUCTIONS

You have been selected to participate in a self-medication distribution program. You will receive up to a one month's supply of some of your medication.

You may need to report to the medication line daily for certain medications which are not allowed to be kept in your possession.

You must assume responsibility to take your medications properly, as labeled. Any medication found outside of the package, any selling of medication, any reported stolen medication or any loss of the medication package may result in your being removed from the self-medication distribution program. Any misuse of the medication could result in a misconduct. You must show all medication in your possession to any staff member upon request.

To obtain refills of your medication you must:

- 1. Report to (A.M.) morning medication line.
- Bring your Photo I.D. Be prepared to show your I.D. to Nursing Staff. 2.
- 3. Bring your empty medication card, bottle, tube, inhaler, etc., in order to receive refill.

I have received both written and verbal instructions on the self-medication distribution program, and I understand these instructions.

Nurse Signature

Date

5/6/98

White - Medical Record - File Under Legal

Canary - Inmate's Copy

**Self-Medication Distribution Program Instructions** 

Commonwealth of Pennsylvania Department of Corrections DC-499 Inmate Name: Play Stratton
Inmate Number: DP 4246

DOB: 11/4/76

DEPARTMENT OF CORRECTIONS IER	APEUTIC DIET	ORDE	R FOR	MEDIC	CALNUTRITIONT	HERAPY	
Order Date: 2/21/02 Expirat	ion Date: 8/21/0	2_	Height:	5 8"	Weight:	177	
Potential food/drug interaction problems? (i.e., L.	ithium, MAO Inhibitors,	Theophylline	e): Yes _	No	(If Yes, e	xplain):	
·				•			
				,			
	·						
· · · · · · · · · · · · · · · · · · ·	PA DOC STANDA	DD DIFTS	<u>-</u>			<del></del>	
☐ <b>DIABETIC:</b> Circle calorie level. Diabetic	· · · · · ·	1	<del></del>	t/Cholesterol/So	diam District	A. 1. T. (.1.C.)	
content <30%, Na restricted; HS sna		L CAR	<30% of	total calories; Sa	aturated fat <	7% of total	
	000			Cholesterol <200; approximately		dium 3000-	
☐ HIGH KCAL/PRO: 120 gram protein, >4	000 kcal.	☐ MECHANICAL SOFT: Consistency modified to minimize need for chewing					
☐ RENAL (NON-DIALYSIS): 60 gram prot potassium, phosphorus & fluid con		☐ CLEAR LIQUID: (duration 3 days max)					
RENAL (DIALYSIS): 80 gram protein, so phosphorus & fluid controlled	dium, potassium,	☐ FULL LIQUID: (duration 3 days max)					
☐ OTHER NON-STANDARD DIET:							
Additional modifications/comments:							
14 14 0							
	120						
						·	
6.4							
Physician/PA Signature:	COPOH MO	<del> ·</del>		······································	<del> </del>		
WHITE — Medical Records		CA	NARY —	Food Service	·		
Therapeutic Diet Order	Inmate Name:	EAY			(L	Block	
Commonwealth of Pennsylvania Department of Corrections	T	)P 4-	246				
DC-465	DOB:	<b>"</b> (	, ,				
•	Institution:	-( CA	Á				

3 2/01/02

INTER-INSTITUTIONAL
TRANSFER RECEPTION SCREENING

Transferring Institution: Camp Hell	Receiving Institution:	· Mr	M Date: 8-2/-9
Current Acute Conditions/Problems:			
Chronic Conditions/Problems:			
Medications: (Name, Dosage, Frequency, Duration)			
Allergies: NKDA			
Dietary Restrictions:		·	-
Physical Disabilities/Limitations:		•	
Visible Signs of Dental Problems:			
Bruises, Deformities, Evidence of Trauma:	· · · · · · · · · · · · · · · · · · ·		
Significant Medical History: 4 x G-5w 1996	BD/10/6	29	
1	enies .	<u> </u>	,
General Appearance and Behavior:	2 lucid	. Win	gratine)
	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
Complaints:			
PHYSICALAIDS			
(check as appropriate)   YES   NO   DESCRIPTION		YES NO	DESCRIPTION
Eyeglasses	Orthotics, Braces		
Contact Lens Eye Prosthesis	Artificial Limbs Crutches/Cane	1 1 -	
Hearing Aid	Wheelchair		
Dentures	Other	1 1	
FEMALES ONLY			•
Gravida Pana	·		
Date of Last Menstrual Period	<del></del>		
Any chance of pregnancy now? Yes No			
Any gynecological problems?			•
		<u> </u>	
F			
Inter-Institutional Transfer Reception In	mate Name: Po	0.1	
Screening	1 4	7	
- · ·	mate Number:	DP 414	16
Department of Corrections	\D.		7
DC-479 DC	JB:	11-4-	76
Ins	stitution:	DP 424 11-4- Yari	<i>,</i> <del>,</del> <del>,</del>
i	/	1 17 81	

## INTER-INSTITUTIONAL TRANSFER RECEPTION SCREENING

Transferring Institution	St Cr41	/ R	eceiving Institution :	Sci-Can	np Hi	//Date: 5/6.	198
Transferring Institution Current Acute Conditions	Problems:		Mo D Kn	u k	ucle	ding und	er he
Chronic Conditions/Proble	ms:	none					· · ·
Medications:(Name, Dosaș	ge, Frequency,	Duration)	none				
Allergies:	one	NKDA	-				÷
Dietary Restrictions:	r	ione					·
Physical Disabilities/Limit						·	
Visible signs of Dental Pro		•					·
Bruises, Deformities, Evid	ence of Traum	18: <u>NOY</u>	ve	1/2	1 .1		<del></del>
Significant Medical Histor	y: <u>C</u> S	W 1996	to Abd	+61	25		
History of Drug/Alcohol A	buse (Specify	): mar	quera	, al	Co	hol	
General Appearance and E	Schooling L	2N1_		- •		•	
General Appearance and I	ochavioi		·				
<u> </u>							<del></del> .
Complaints:	<u> </u>				····		
PHYSICAL AIDS	· · · · · ·						
(check as appropriate) YE	s NO	DESCRIPTION		YES	NO	DESCRIPTION	
Eveglasses	V	/	Orthotics, Braces		1/		
Contact Lens	V		Artificial Limbs			<u> </u>	
Eye Prosthesis	14		Crutches/Cane			<u> </u>	<del></del>
Hearing Aid			Wheelchair				
Dentures			Other	<u> </u>			
FEMALES ONLY Gravida  Date of Last Menstrual Per Any chance of pregnancy Any gynecological proble  Inter-Institutional Tacreening Commonwealth of Inter-Institution of Corrections Commonwealth of Inter-Institution of Corrections Commonwealth of Inter-Institution of Corrections Commonwealth of Inter-Institution of Corrections Commonwealth of Inter-Institution of Corrections Commonwealth of Inter-Institution of Corrections Commonwealth of Inter-Institution of Corrections Commonwealth of Inter-Institution of Corrections Commonwealth of Inter-Institution of Corrections Commonwealth of Inter-Institution of Corrections Commonwealth of Inter-Institution of Corrections Commonwealth of Inter-Institution of Corrections Commonwealth of Inter-Institution of Corrections Commonwealth of Inter-Institution of Corrections Commonwealth of Inter-Institution of Corrections Commonwealth of Inter-Institution of Corrections Commonwealth of Inter-Institution of Corrections Commonwealth of Inter-Institution of Corrections Commonwealth of Inter-Institution of Corrections Commonwealth of Corrections Commo	now? Yes ms?  Transfer Re Pennsylvan	ia Inm	ate Name: Play, ate Number: DP46 B: 11/4/76 itution: Sc/Camp	246	7		
•			,				

Reviewing Nurse Signature, Title

Date/Time

#### MENTAL HEALTH STATUS

(Check as Appropriate)	Yes	No	Comments	
Do you hear voices?				
Do you have thoughts hurting yourself or others?				·
Do you have history of depression?		U		
Is there a history of suicide attempts?		-		
Is there evidence of self-mutilation?		4		

Psychiatric Follow-up care is needed (Circle those that apply):		Yes	No	Immediate	Routine	
Medical Follow-up care is needed (Circle those that apply):	-	Yes	No	Immediate	Routine	
Procedures for obtaining medical services explained (Circle on	ıe):	Yes	No No			
V u	<b>-</b> -		5/4	/98 /	1215	
Nurse Signature, Title			Date/Ti	me		
XB. PAY			5/4	198		
Inmate Signature		- " - '	Date			
Witness Signature (if inmate refuses to sign)		Date		·		<del></del>
	<del></del>			<del>7 · · · · · · · · · · · · · · · · · · ·</del>		<del></del>
Medical Chart Reviewed (Circle one): Yes No						
					•	
Psychiatric referral is needed (Circle those that apply):	Yes	No	Emerge	ncy Rou	tine	
Medical referral is needed (Circle those that apply):	Yes	No	Emerge	ncy Rou	tine	
Is inmate medically cleared for general population?	Yes	No	•			

# INTER-INSTITUTIONAL TRANSFER RECEPTION SCREENING

Transferring Institution S1-C14f	Rec	civing Institution	on :	501- Ca	imp H	//	Date:	16/18
Current Acute Conditions/Problems:		reiving Institution	Kn	u j	racl	Hirz	un	derh
Chronic Conditions/Problems: 1001	L							
Medications:(Name, Dosage, Frequency, Duration)_		ione						
Allergies: NONE NK	DA							`
Dietary Restrictions:	2		•					
Physical Disabilities/Limitations: 001	ne					·		
Visible signs of Dental Problems: / Ł	ne							
Bruises, Deformities, Evidence of Trauma:				<b>A</b>	j 1			·
Significant Medical History: CS W 1			d	+/2/	<u> </u>			
History of Drug/Alcohol Abuse (Specify):			ر د_	, a	1000	hol	<del>)</del>	
General Appearance and Behavior: 600		7		<del></del>		·	•	
Constant Appointment and Bonavior.	<del> </del>							
Complaints:								
						·		
PHYSICAL AIDS							·	
(check as appropriate) YES NO DESCRIP	TION			YES	NO	DESCRIP	TION	
Eyeglasses U		Orthotics, Br			1			
Contact Lens Eye Prosthesis		Artificial Lin				<del></del>		
Hearing Aid		Wheelchair						· · · · · · · · · · · · · · · · · · ·
Dentures		Other					<del></del>	
					<del></del>	<del></del> _		:
FEMALES ONLY							•	
Gravida Para								
Date of Last Menstrual Period					•			
Any chance of pregnancy now? Yes No					•			
Any gynecological problems?								
								<u> </u>
Inter-Institutional Transfer Reception	Inmate	e Name: Fla	11/	Trallo	'n			
Screening		<i>'</i>	•		•			
Commonwealth of Pennsylvania	Inmate	e Number: 🌽	1942	46				
Department of Corrections		•						
DC-479		11/4/76						•
	Institu	tion: Sc/C	<u>a</u> mp	1411				

### MENTAL HEALTH STATUS

(Check as Appropriate)	Yes	No	Comments	
Do you hear voices?				<del></del>
Do you have thoughts hurting yourself or others?				
Do you have history of depression?		1		
Is there a history of suicide attempts?		1		
Is there evidence of self-mutilation?				-

Psychiatric Follow-up care is needed (Circle those that apply)  Medical Follow-up care is needed (Circle those that apply):	<b>):</b>	Yes Yes	No No	Immediate Immediate	Routi Routi		
Procedures for obtaining medical services explained (Circle o	ne):	Yes	No			•	
D-mu			5/4	/98 ne	1215	• 	
Nurse Signature, Title		;		198			
Inmate Signature			Date	178			<del> </del>
Witness Signature (if inmate refuses to sign)		Date		<u>.</u>	<del></del>		· · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·	· <del>····································</del>				
Medical Chart Reviewed (Circle one): Yes No							
Psychiatric referral is needed (Circle those that apply):	Yes	No	Emerger	icy Roi	utine		
Medical referral is needed (Circle those that apply):	Yes	. No	Emerger	ncy Rou	utine	÷	
Is inmate medically cleared for general population?	Yes	No	±.				
	,						

Reviewing Nurse Signature, Title

Date/Time

### **OBSERVATIONS**

	NORMAL or NOME	ABNORMAL/COMMENTS:
Appearance	0	
Tremors	W/	
Sweating .	W	
Any Recent Injury (specify)	0	
Bruises		
Lesions	2	
Jaundice	2	
Rashes	2	
Infestation	V	
Needle marks		•
Persistent Cough		
Lethargy		
Speech & Posture		
Teeth and Gums		
Physical Limitations		
Deformities	10/	
Ease of Movement	2/	
Other		1 1
	** t	

### PHYSICAL AIDS

(check as appropriate)	YES NO	DESCRIPTION	YES NO	DESCRIPTION
Eyeglasses		Orthotics, Braces		
Contact Lens	0	Artificial Limbs	0	
Eye Prosthesis		Crutches/Cane	1/	
Hearing Aid	1	Wheelchair	1/	,
Dentures	2	Other		

FEMALES ONLY:			
Menstrual Period (circle one): Regular Para/Gravida	Irregular	Last Menstrual Period: Last Pap Smear	
Any chance of pregnancy now? (circle one):	YES NO		
Any Gynecological Problems?	· · · · · · · · · · · · · · · · · · ·		
			·

Initial Reception Screening
Commonwealth of Pennsylvania
Department of Corrections
DC-471

Inmate Name:

PEAY, STRATTON

Inmate Number:

DP-4246

DOB: 11/04/76

DOB:

Institution:

MENTAL HEALTH REVIEW: Document 45-6	Filed 08/15/2003 Page 147 of 153
(check as appropriate)  Do you hear voices?  Do you have thoughts of hurting yourself or others?  Do you have a history of depression?  Impaired Speech?  Evidence of self-mutilation?  Oriented to time, place, person?  Other significant observations?	Observations:
Suicide attempts: (circle one)  If yes, How many times?	
If yes, why/where/when/how:	
Past Psychiatric Hospitalizations/Outpatient Treatments/Partial Hospitalizat	
Previous Diagnosis as stated by Inmate:	
Psychotropic Medications, Dosage and Frequency:	
When last taken:	s
Psychiatric referral is needed (Circle those that apply):  Yes  No	Emergency Routine
Medical referral is needed (Circle those that apply):  Yes No  Yes Date	Emergency Routine Time
Is inmate medically cleared for general population?	
Access to medical service explained to inmate?  Yes  No	a Dod 11 010 PND
Interviewer's Signature, Title Date/Time	Inmate Signature Date
Witness (if inmate refuses to sign)  Date	Interpreter Signature (if needed)  Date

## INMATE IMMUNIZATION RECURD

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Allergies:	
Allergies.	· ·

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IMMUNIZATION	1 1		1			<u></u>
IMMUNIZATION Di 14hania	Date:	4.2495				<del></del>
Tetanus/Diphtheria		451.084				
	Lot: Mfg:	Leaderles				
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	Initials:	66				<del> </del>
		80-				
Flu	Date:		<del>-  </del>			ļ
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Pneumococcal	Date:					
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Hepatitis B	Date:					
11 <b>0pu</b>	Lot:					
	Mfg:					
	Site:					
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Other:	Date:					
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Inmate Immunization Record Commonwealth of Pennsylvania Department of Corrections DC-486

Inmate Name:

PEAY, STRATTON

Inmate Number:

DP-4246

DOB: 11/04/76

DOB:

Institution:

-SD Document 45-6 Filed 08/15/2003

1 ERCULOSIS SUMMARY RECOI Page 149 of 153 Case 2:02-cv-02688-SD

1 ERCULOSIS SUMMARY RECOI								
his record will be initiated at hire/reception and updated	by each faci	lity throug	hout ea	mployment/incare	cration.	<del>-</del>	124290	
his record will be initiated at initiate epocar-	free pion)							
		Vight Swe	ets 🗆	Weight Loss		Multidru	g Resistant?	
Current Symptoms of TB: All None								
	No	7	<u>්ස</u>	If Yes, Date	Xes	No	Not Known	
n v. pppg	- B		0		N/A	N/A	N/A	
Known Previous Positive PPD?	10/		0				0	
Known Prior History of TB Exposure?			0		. 0		0	
Known Prior History of TB Disease?	<del>                                     </del>				N/A	N/A	N/A	
Known Completion of TB Preventive Therapy?	£	4-	0	<u> </u>				
Known Completion of Therapy for TB Disease?	la de		<u> </u>	1	0			
C Annual Control of the Control of t	اد ایران امام آداد می مهمیره معرفهمیشنده ا			but Refused	- Date	Drugs/ s/Commen	Weyiz ]	
Treatment for TB During Incarceration	No	77 74 7 12 7		but Refused	an grass grassless damps		1.1	
Preventive Therapy?		- O	1	CONTRACTOR RECORD OF T	scoupo.	2. 0. 200		
Therapy for Active Disease?	A CO	,	_	NA S	A HAZZ		14.70	
Therapy After DOC Release	0	0		N/A		21. 42. 10. 22. 23. 24. 24. 24. 24. 24. 24. 24. 24. 24. 24		
HIV Testing:					·····		or and change	
Post Release DOT Appointment:	Date:		1	Place:	·			
	Date:			Initials:	·			
Local DOH/County Health Dept. (notified)							m EMP	
PED RECORD DATE PLANTED SII	F			DATEREAD		> 5m	m-inMateS	
ROADHAMON MANAGEMAN AND AND AND AND AND AND AND AND AND A		DATE	s	SIGNATURE	··		SIZE	
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4Hblog - (Almaly)	##	4/12	8/04		190		7	
AMOI Brace G	4	4/20	01		incl	25	mm	
4/22/02 BMarch CE	7-	4/24/	07	- (BVY)	mu	16	mm	
11404 (01 10000		( / - :					1 2 00	
		<u> </u>		<del></del>		,	1-35-98	

TB Summary Record Commonwealth of Pennsylvania Department of Corrections DC-469

Employee/Inmate Name:

PEAY, STRATTON

DP-4246

Employee/Inmate Number:

DOB: 11/04/76

DOB:

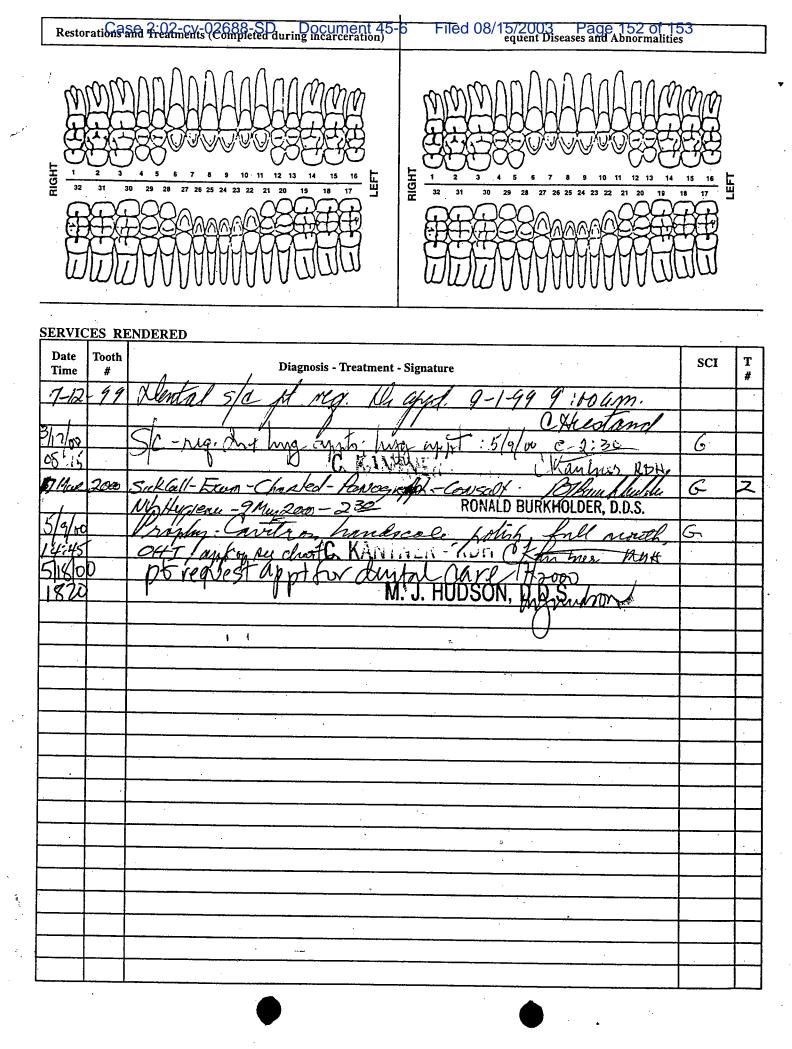
Institution: SCI/GRATERFORD

## TUBERCULOSIS SUMMARY RECORD

Anergy Testing							
1 Candida	Date test applied:	initials		Manufactu	res/Lot #:		
	Date test read:	initials		Anatomic s	rite:	Result	mm
Trichophyton/Mumps	Date test applied:	initials	•	Manufactu	res/Lot#:		
-=	Date test read:	initials		Anatomic s	site:	Result:	mm
2 Candida	Date test applied:	initials		Manufactu	res/Lot #:		
	Date test read:	initials		Anatomic s	site:	Result:	mm
Trichophytom/Mumps	Date test applied:	initials		Manufactu	res/Lot #:		
	Date test read:	initials		Anatomic s	site:	Result:	mm
3 Candida	Date test applied:	initials		Manufactu	res/Lot #:		
	Date test read:	initials		Anatomic	site:	Result	mm
Trichophyton/Mumps	Date test applied:	initials	· ·	Manufactu	res/Lot #:		
••••	Date test read:	initials		Anatomic:	site:	Result	mm
Chest X-ray Results	<u> </u>		-				7 1/2000 The Constant
Date X-ray Taken	Result Code * / Co	omment	Date X-	ray Taken	Res	ult Code */Com	nent
4,27,98(1)							Talanda,
g att a men arma v							
San Marian Company							
	en en en en en en en en en en en en en e	ا به در این است. این این این است.					
X:rr Cotes: 1 = Normal	2 = Abnormal, consister al, but not indicative of T	nt with active TB dis B disease 5.=Conve	rter 6=(	Abnormal, co contact Inves	nsistent with tigation 7 =	i mactive prior 11: Cavitary 8 = Non	disease -Cavitary
	State State of the Control of the Co	- I Poll	331			-	AND THE PERSON NAMED IN
TB: Comments:		The Page	22 PAGE	HAPPEN PAR			INITIALS
The state of the s	NT/COMMENT	The second secon	<u></u> ·	·			INITIALS
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## DENTAL RECORD

Purpose of Examination Initial Other (Specific	y):	
Type of Examination (Circle one): 1 2 6 4	PULHEST Cla	assification (Circle one): 1 (2) 3 4 5
INITIAL EXAMINATION: Missing Teeth and Existing Restora	ations	Medical History Y N
1 2 3 4 5 6 7 8 9 10 11 12 13 1   Lingual   Signature   Signatur	40 (S) (S) (S) (S) (S) (S) (S) (S) (S) (S)	Head Jrguble
AF AOF	BF T	Signature: J. Selcher, DDS
Facial		Date: 5-8-98 Time: 1359
Diseases & Abnormalities		CALCULUS: 2 Slight  Moderate  Heavy
		PERIODONTITIS: 🔲 Local 🙋 General
Lingual	9 18 17	STOMATITIS (Specify): Gingivitis ANUG  DENTURES NEEDED: (Include dentures needed after indicated extractions)  Full Upper Full Lower  Partial Upper Partial Lower
32 31 30 29 28 27 26 25   24 23 22 21 20 11		Indicate X-Rays used in this examination  Full Mouth Periapical  Posterior Bite-Wings  Other (Specify) Augusth.  This is only to be signed if x-rays were taken to complete this examination.
Facial		
		Signature: Abush halds  Pate: 17 Has 2000 Time:
Dental Record Commonwealth of Pennsylvania Department of Corrections DC-458	Inmate Name:  Inmate Number:  DOB:	eay, Stratton P 4246 -4-76



Prob. Letter	Date	Chronic Problems	ICD-9-CM
Α	45498	1x. 6.5.W. to Abd. x (2)/eq	OKAL
В	में ३५/७।	Chaonic Angrain	759.0
С	6/02	Chronic Constination	119,0
D		CO SCI PALIAN	
Е			
F			<u> </u>
G			
Н			

Prob #	Date	Temporary Problems		Reci	игтепсе	Date	<del></del> -	ICD-9-CM
			1	2	3	4	5	
1	1996	Sp ded explante 2550						
2	9/99	Ofice (R)					<u> </u>	<del>                                     </del>
. 3	100	eroning parile State			<del> </del>	<del>                                     </del>	<b> </b>	
4	IN	(D) or lead sue m						
5	400	then capites	<del>_</del>					
6	7/5/00	Innate states "I feel dirzy, I think I have	! !	11				780.4
7	7/6/00	18 mulistre	<u> coa</u>					460
8	10/00	Bulley to 18 la Main 701.						MD H3
9	112/00	The state of the s	1/3/4			<u> </u>		1040
10	1	nut combination	2000					
11	12/00	URT						1/1/0
12	161	NO Deperlain						765.7
13	5-10	CraproEntrucho						211 1
14	r. $l$ (1)	180'						558.01
15	reto 11	Lagent & R. ) , drue						1/24,2

**Problem List** 

Commonwealth of Pennsylvania

**Department of Corrections** 

DC - 467

Inmate Name:

PEAY, STRATTON

Inmate Number:

DP-4246

DOB: 11/04/76

DOB:

Institution: